The Nature and Effectiveness of Family Support Measures in Child Welfare

Prepared for the
Ontario Ministry of Community and Social Services
by
Canadian Sociotelic Limited

THE NATURE AND EFFECTIVENESS OF FAMILY SUPPORT MEASURES IN CHILD WELFARE

prepared for the
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Dear Readers:

We are pleased to present to you this report on the first phase of a research study into family support in the context of child welfare services.

This "state of the art" report includes a thorough review of the literature on family support measures. As such it deals comprehensively with a variety of matters including a definition of the concept, the factors that research has discovered are related to increased chances of successful interventions, and what types of families and problems may be considered for family support activities. It provides a brief description of a selection of family support programs within children's aid societies in Ontario.

The study was undertaken to assist children's aid societies in their efforts to work with families and to support families in caring for children within the home. Although the children's aid societies were used as the basis for this exploration, what has been learned will have a much broader application. It will, for instance, be useful in service planning, case management and staff training in any service area in which children and their families are the major concern.

This report sets the framework for the next phase of the study, which will consist of research into the use of family support in a sample of CASs, a review of a number of special support projects, and an assessment of the approaches and elements of support that appear to be effective in serving and supporting Ontario families.

This exploration of the various measures used to support families will result in a review of Ministry policies and approaches used in providing service to families. We also expect that the service providers, whether they be children's aid societies, children's mental health centres, or other services, will review their approaches so that services for children will strengthen and support the family wherever possible.

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We think you will find this report of interest and of value in family support program development. It confirms the value of supporting families in a variety of ways, and the vital contribution that can be made by family support activities and programs.

Yours very truly,

John Burkus

John Burkus

THE NATURE AND EFFECTIVENESS OF FAMILY SUPPORT MEASURES IN CHILD WELFARE

Prepared for the
MINISTRY OF COMMUNITY AND SOCIAL SERVICES
TORONTO, ONTARIO

This paper reviews the recent literature and research on the nature and use of family supports. The evidence in this state-of-the-art report comes from an extensive review of published and unpublished research articles, books and journals. The most important research and literature have been accessed directly.

This report prepared by:

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Journals reviewed for this study are listed in the Appendix.

- TABLE OF CONTENTS -

Page

1. RATIONALE FOR FAMILY SUPPORT

1.1 Introduction 1
1.[illegible] Community Insufficiency 2
1.3 Family Insufficiency in Caregiving Skills 3
1.4 Personal Psychopathology 5
1.5 Isolation from Potent Support Systems 6
1.6 Attitudes Towards Violence 9
1.7 Consequences of Being a Maltreated Child 9
1.8 Summary 10
1.9 References 11

2. WHAT IS FAMILY SUPPORT?

2.1 Introduction 14
2.2 Discussion of Major Concepts 16
2.3 Nature of Social Support 20
2.4 Providers of Social Support (Helpers) 26
2.5 Access to Social Supports 34
2.6 Evidence of Social Support Impact 38
2.7 Limitations to Family Support 43
2.8 Summary 48
2.9 References 49

3. FAMILY SUPPORT FOR SPECIAL CASES

3.1 Introduction 54
3.2 Adolescents 54
3.3 Unmarried Mothers 57
3.4 Native Canadians 60
3.5 Rural Families 63
3.6 Ethnic Minorities 67
3.7 Summary 70
3.8 References 73

Page

4. INTERVENTIONS WITH MALTREATING FAMILIES: PROGRAMMATIC RESPONSES

4.1 Introduction 77
4.2 Overview of Program Reviews 79
4.3 Formal Family Support Programs 88
4.4 Expected Outcomes of Successful Formal Family Support Programs 92
4.5 Comparability of CAS Family Support Programming 97
4.6 Informal Family Support Programs 100
4.7 Summary 106
4.8 References 107

5. INTERVENTION WITH MALTREATING FAMILIES: THE CAS WORKER'S ROLE IN FAMILY SUPPORT

5.1 Introduction 110
5.2 Effectiveness of Case-Based Services 111
5.3 Assessing Appropriateness of Families for Family Support Services 114
5.4 Assessing Family Problems, Resources and Competence 117
5.5 Approach to Structuring Treatment 122
5.6 Considerations Concerning Case Management at a Supervisory Level 129
5.7 Summary 131
5.8 References 133

6. FAMILY SUPPORT IN THE ONTARIO CAS SYSTEM

6.1 Introduction 139
6.2 Ontario Context for Child Welfare 140
6.3 Ministry, Community and Agency Policies for Family Support 141
6.4 Family Support in the CAS 143
6.5 A Study of Family Support Systems and Services 143
6.6 References 144

ADDENDUM TO CHAPTER 4

Program Descriptions 146

APPENDIX

List of Journals Researched 147

Chapter One

RATIONALE FOR FAMILY SUPPORT

Dr. R. Holmberg

> The maltreatment of children and youth is a prime social indicator of the overall quality of life for families. If we view abuse and neglect from an ecological perspective the cultural origins of the problem are apparent. The maltreatment of children requires a social context which will permit it, specifically one which offers support in law and custom for violence against children and which permits and even encourages isolation of parent-child relations from potent prosocial support systems.
>
> James Garbarino
> "The Role of the School in the Human
> Ecology of Child Maltreatment"
> School Review, 87(2):1979, pp. 205-206.

1.1 Introduction

Child maltreatment is the term used to denote all varieties of child abuse and neglect. Garbarino (1977) notes that "professionals and public alike have defined child abuse as qualitatively deviant from normal caregiver-child relations. Initially, this view meant that 'only a crazy person would abuse a child'... The view that child abuse is best understood as a point along a more general continuum of caregiver-child relations and as only quantitatively different from non-abusive relationships has been a minority position." It is this minority position though, that has received most of the empirical support from research. The emphasis in the literature has shifted to this perspective since it was first brought to public attention by Gil (1970). By implication, child maltreatment can be "treated" not just by removing a child from a pathological home, but also through attempts to "normalize" the family's circumstances in various ways.

The maltreatment of children appears to result from a "confluence of forces" which lead to child maltreatment. This confluence of forces can be described by five different but by no means distinct conditions associated with child maltreatment:

(1) Community insufficiency;
(2) Family insufficiency in caregiving skills;
(3) Personal psychopathology;
(4) Isolation from potent support systems;
(5) Attitudinal justification for the use of force against children.

1.2 Community Insufficiency

The results of Garbarino & Crouter's (1978) research strongly support the proposition that child maltreatment is related to socioeconomic, demographic, and economic variables. In a multivariate associational study of 20 homogeneous Nebraska geographic units (4000-40,000 pop.), census data were used to predict the rate of child maltreatment (as reported by state and local child protective services). Given that abuse and neglect were conceived of as family pathologies, the number of families rather than individuals per geographic unit was used as the base for computing the rates (reported cases of maltreatment per 1000 families). Economic factors alone account for 62% of the variance in rates. With the addition of variables reflecting high geographic mobility, the equation accounts for 81% of the variance. When the socioeconomic variables are combined with proportion of single family housing, they account for 83% of the variance. In other words, one can predict most of the variance in officially reported maltreatment of children by neighborhood knowing what proportion of people in the neighborhood have a job, live in a single family dwelling and have been resident there for several years. Families with jobs and good housing, living in stable neighbourhoods account for few reported cases of child neglect and abuse. Of note is that when these socio-economic conditions are "controlled", the status of "single parent" adds nothing to the prediction of maltreatment.

This rather dramatic empirical study refines and quantifies what can be observed in much child welfare literature. The sociology of child abuse and neglect has long identified socioeconomic and demographic variables as contributing factors (Friedman, 1976; Polansky 1981). As early as 1970 Gil identified low incomes, female-headed households, and high levels of geographic mobility as important considerations in child maltreatment. Horowitz & Wolock (1981) examined 380 public child welfare cases (families) in northern New Jersey. Neglect was reported for 246 cases, neglect and abuse for 106, and abuse alone for 28. The 28 were, notably, the "poorest of the poor."

Elmer (1981) observed that "babies are not only born into poverty, they are also born of poverty". Clearly we must look closely at the circumstances that impoverish families. Tangible supports such as employment and income must be considered since over 3/4 of all reported cases come from families living below the poverty line (Gil, 1970; Garbarino & Crouter, 1978; Pelton, 1981).

1.3 Family Insufficiency in Caregiving Skills

The maltreatment of children (both abuse and neglect) is socially unacceptable behaviour by a person "in the role of caregiver." Garbarino (1977) defines maltreatment as "the culturally defined labelling of behaviour which does not meet minimum expectations of caregiving skills, be it excessive use of force (abuse) or inadequate provision of essential nurturance (neglect)."

Maltreatment "perpetrated by 'normal' individuals may be described as a form of "situationally defined incompetence in the role of caregiver" (Garbarino, 1977). This "relatively low level of skill as a caregiver" is often associated with social or personal problems, like poverty or alcoholism. Research has not identified the extent of child maltreatment that has as an antecedent condition only "poor understanding of child management", independent from poverty or personal crisis. A study of 29 "abusing" and "non-abusing" mothers matched on socioeconomic conditions by Jones & McNeely found differences in "nurturing knowledge" but not in "behavioral expectations". The two groups also differed in "enjoyment of contacts with friends and relations", which led the authors to conclude: "the quality of the relationships that these (abusive) women had with their own kin may have been sufficiently averse to make isolation preferable" (Jones & McNeely, 1980). There are indications that parenting skills are much more likely to be the only antecedent in many cases of adolescent maltreatment (Garbarino & Gilliam, 1981).

Factors which have been identified as facilitating acceptable caregiving skills are: (1) rehearsal of the role; (2) clarity of expectations; (3) minimal normative change (Elmer, 1981).

> "Maltreating parents appear to have had few opportunities for 'rehearsing' the role of caregiver... (they) lack knowledge and have unrealistic expecta-

> tions about children... they have inappropriate values about the relative legitimacy of their needs as compared with the child's; and they receive little support in making appropriate changes... Incompetence in the role of caregiver is associated with unplanned or unwanted children, chronic transience, unpredictable or undependable income sources, and unsatisfactory social relations in the transition to and mastery of key roles, like those of caregiver or worker" (Garbarino, 1977).

Considerable attention has been given in the literature to significant disruptions in early parent-child attachment. It has been suggested that when "bonding" is disrupted there is an increased risk for child maltreatment. This is particularly true when the child is difficult to care for or when the parent's normal caregiving ability is impaired. A number of circumstances, including a medically abnormal pregnancy, difficult labor or delivery, neonatal separation, other separations in the first six months, illnesses in an infant during the first year of life, and maternal illness during the infant's first year of life all may place a family at risk for child maltreatment.

> "In one study (by Lynch, 1975) 66% of the abused children were found to have experienced 48-hour separations from their parents in the first week of life.... In a study (by Kendall) of 146 infants who had been in an intensive care nursery, it was found that a lack of parental visits was associated with the likelihood of later maltreatment."
>
> [Garbarino, 1980]

It must be remembered, though, that while such effects can be quite substantial, the overall incidence is low. "Of 277 low-income primiparous mothers studied 12 to 24 months after delivery of the child, only ten displayed 'parenting disturbances' requiring hospitalization of the infant" (Garbarino, 1980). Certainly caregiving skills are very important for families with a "special" child, but the fact remains that most medically or developmentally handicapped children are not maltreated. It is just one characteristic common to child maltreatment.

Bonding, or child-caregiver attachment has also been studied for normal children of abusive parents and a control group matched for economic conditions. Egeland & Sroufe (1981) note that although bonding was initially higher in the control group, initial differences attenuate after 18 months.

Many people just don't "know" how to care for a child. They lack experience with children, have unrealistic expectations of the child, or they can't cope with both a child and personal problems. Maltreating parents appear to have had an inadequate opportunity for "rehearsing" the role of caregiver. The influence of insufficiency in caregiving skills as a condition in child maltreatment independent of living in poverty, or as independent of personal psychopathology, is not known.

1.4 Personal Psychopathology

There is a large body of literature which attributes poor child care to individual differences among parental personalities, particularly their character structures. There is an equal volume of evidence which associates these personalities with economic deprivation. Dohrenwend (1974) surveyed 33 studies of social class and found agreement among 28 that the incidence of psychopathology was inversely related to social class. While physical, mental, or emotional incapacity can lead to poverty, it is equally true that all psychopathologies are more likely to afflict the poor.

One of the strongest proponents of character differences as an important contributor to child maltreatment is Polansky. He suggests the following sketch, not dissimilar to Kadushin's (Kadushin & Martin, 1981) description of an abusing mother:

> "She is of limited intelligence, has failed to achieve more than an eighth grade education, and has never held public employment. She married the first or second man who showed an interest in her, and he proved to be ill equipped in education and in vocational skills. She has at best a vague, or extremely limited, idea of what her children need emotionally and physically. She seldom is able to see things from the point of view of others and cannot take their needs into consideration when responding to a conflict they experience. She herself has grown up in a family in which her parents were retarded or showed deviant or criminal behavior."
>
> (Polansky, 1981).

This syndrome was initially identified in a study which was conducted in rural Appalachia in 1974 (of mothers at or below the poverty line). A similar "infantile personality" was again identified as the dominant predictor of maternal involvement in neglect, in a replication of the study in Philadelphia six years later. The other predictors (inverse) were most significantly "her participation in formal organizations", "embeddedness in informal helping networks" followed by "a going-out" score and her "verbal accessibility" (Polansky, 1981).

A review by the authors of 60 annotated studies of personality correlates of abusing parents in Child Abuse and Neglect: An Annotated Bibliography (Kalisch, 1978) suggests that most clinical studies look only at abusing parents, and conclude that many are "psychotic" or "limited intellectually", "crippled emotionally" and "preoccupied with their own needs". Studies using control groups generally classify abusing mothers (using the MMPI) as "isolated and depressed" or "aggressive", and abusing fathers as "psychotic". Clinical histories indicate abusing parents were often themselves abused as children. Furthermore, substance abuse, of alcohol primarily, is often associated with families that maltreat their children. This association between substance abuse and child maltreatment works two ways. Cohen & Densen (1982) report that 84% of 178 drug abuse patients had been abused as children. Similarly, Black & Mayer (1980) report that of 200 patients undergoing treatment for alcohol and drug abuse 22.5% had been subject to physical and sexual abuse as children and 30.5% had been subject to neglect.

Clearly, personal psychopathology of parents cannot be overlooked. Equally clearly, it appears almost inseparably entwined with poverty and the lack of adequate caregiving skills.

1.5 Isolation from Potent Support Systems

Caplan explains the importance of support systems, which are:

> "continuing social aggregates that provide individuals with opportunities for feedback about themselves and for validations for their expectations about others, which may offset deficiencies in these communications within the large community context . . . People have a variety of specific needs that demand satisfaction through enduring interpersonal relationships, such as for love and affection, for intimacy that provides the freedom to express feelings easily and unself-consciously, for validation of personal identity and worth, for satisfaction of nurturance and dependency, for help with tasks, and for support in handling emotion and controlling impulses. . .

> They tell him (the individual) what is expected of him and guide him in what to do. They watch what he does and they judge his performance" (Caplan, 1974).

Garbarino (1977) suggests that "the importance of such support systems increases as a function of the problems which a family is facing." A family's inability to cope is often described as a function of the number and severity of the problems in relation to the "availability and potency of support systems."

The importance of support systems has been noted by researchers in the field since Young's inaugural study in the field (1964), in which she found that 95 percent of severe abuse families had no continuing relationships with others outside the family. In this same study, she states that 85 percent of the abusive families did not belong to or participate in any organized groups. Families who become alienated from community structures through some event or series of events which has the effect of divorcing them from support systems (e.g., mobility, severe income loss and its accompanying status deflation, etc.) are more likely to become abusing parents.

There is evidence that reducing a family's social isolation affects child maltreatment. For example, it has been demonstrated that access by high risk mothers to pediatric and public health services can prevent serious effects of child maltreatment. Gray (1979) indicates that among a group of new parents "prone" to abuse, significant prevention can be achieved by reducing isolation. A group of 150 randomly selected families were assessed through pre-natal interview, questionnaire and observation in a hospital's labour and delivery room and maternity ward: and 50 "high-risk" families were randomly assigned to receive bi-monthly visits to a pediatrician and supplementary family support (primarily weekly home visits by Public Health Nurses and lay health visits for emotional support and liaison with health services). Fifty "high-risk" families received no supplemental services, nor did a "low-risk" control group of 50 families. After two years the results revealed more serious incidences of abuse among the "high-risk" controls. Gray concludes: "it appears that modest intervention on an outreach basis precluded any injuries severe enough to require hospitalization for treatment and any injury that resulted in prolonged disability".

There have also been studies focusing on how people use neighborhood support systems. Garbarino and Sherman (1980) attempted to empirically investigate the concept of "social impoverishment" as a characteristic of neighbourhoods with a high risk of family maltreatment. They first selected a pair of neighbourhoods based on: (a) large discrepancies between child maltreatment rates; and (b) similar socioeconomic and racial profiles. They then conducted interviews with "expert informants" such as teachers, police and clergy, who had first-hand knowledge of life in the two neighbourhoods.

Garbarino and Sherman (1980) state:

> "The results suggest that parents in the low-risk area, and particularly mothers themselves, assume more exclusive and direct responsibility for child care than do parents in the high-risk neighbourhood. The absence of "latchkey children" in the low-risk neighbourhood is perhaps the best illustration of this pattern... In the low-risk area there is more exchanging among mothers of child supervision and more use of other neighbourhood children as playmates. Mothers in the high-risk area are less likely to engage in neighbourhood exchanges generally... The data on the maternal perception of the child's social network reveal significantly more people that can be counted on in the low-risk area. In addition, these contacts are more likely to include people who are not part of the mother's own network... The only striking difference between the groups in the use of help to cope with demands for social readjustment is that mothers in the low- risk neighbourhood are more likely to include professionals among the people they call upon for assistance than are mothers in the high-risk area."

Garbarino and Sherman (1980) conclude:

> "The picture that emerges from the high-risk area is one of very 'needy' families competing for scarce social resources... In their studies of informal helping networks, Collins and Pancoast (1976) used the concept 'free from drain' to describe people who can afford to give and share... The high-risk neighbourhood is not a good place to bring up children. A family's own problems seem to be compounded rather than ameliorated by the neighbourhood context, dominated as it is by other needy families. Under such circumstances strong support systems are most needed but are least likely to operate. The high-risk area needs outside intervention to strengthen families, thereby reducing the demands they place on already tenuous informal helping networks."

1.6 Attitude Toward Violence

On the basis of at least four separate investigations (as reported in Garbarino, 1977), it has been estimated that "approximately 25 percent of America's families are in danger of being 'abuse prone' because of some combination of childrearing ignorance, unrealistic expectations concerning children, propensity toward violence, psychopathology, presence of a 'special' child, etc."

Domestic violence is "deeply embedded in (North) American culture", with several studies "reporting that more than 90% of American parents use physical force in disciplining and punishing their young children" (Garbarino, 1980). According to a national U.S. survey (Straus, 1980), few parents can even conceive of any effective alternatives to the use of force; force which ranges from slaps to the use of weapons. This tolerance for violence in "battering" parents is substantiated in Canada by Mary Von Stolk (1973). She points out that a similar attitude in non-battering parents suggests cultural origins for the attitude and, therefore, the need to include environmental conditions in explaining child abuse.

Since a "culturally defined concept of children as the 'property' of caregivers and of caregivers as legitimate users of physical force" is consistent with child abuse (Garbarino, 1977), abuse is often perceived as a "normal" (i.e., culturally sanctioned) behaviour which only deviates "from social norms in its intensity and its appropriateness." However, given the prevalence of such attitudes one must also look to the lack of necessary neighbourhood supports and to antecedent community, family or personality insufficiencies to explain child maltreatment. In other words, attitudes condoning physical punishment are much more prevalant than are maltreated children.

1.7 Consequences of Being a Maltreated Child

Given the rich literature on infant development which highlights the need for stable, nurturant and stimulating care (Bronfenbrenner, 1974; Polansky, 1981), it is no surprise that child abuse and neglect figure prominently in the investigation of many other social problems, including juvenile delinquency, teenage prostitution, alcoholism, drug abuse, running away from home, and mental illness (Garbarino & Gilliam, 1980). The evidence for a relationship between adolescent maltreatment and subsequent social problems is sketchy at best, but the evidence for a causal relationship between child maltreatment and subsequent impairment is actually contradictory.

Elmer, in a study of abused and traumatized children, matched subjects by age, sex, race and socioeconomic status. She found that instances of abuse coming to the attention of a hospital do not predict subsequent impaired development among children. Elmer's study looked at 59 subjects from the Children's Hospital of Pittsburgh - 17 abused, 17 accidentally traumatized, and 25 non-traumatized. Eight years later this group was reassessed, as was an additional control group of non-abused, non-traumatized children who had been treated in hospital for acute conditions during their first year of life. At the time of reassessment, 7 of the 17 abused children had been removed from their natural families, but as a group they could not be distinguished from the accident or control group in health, language, school or general social adjustment. Essentially, the children who were initially abused appear to have come from socially and economically impoverished families and environments. Like the comparison and control groups, by the time of reassessment, 90% of these children were subject to some degree of chronic developmental disorder. Elmer concludes:

> The most striking observations concerning these children, regardless of group classification, was their aura of depression and their evident fear of being attacked or hurt by others. The children appeared incapable of enjoying themselves or of being caught up in the excitement of play or fun. (Elmer, 1981)

Similarly, in his review of the evidence, Martin concludes that the "type and severity of the physical assault" is less of a factor than the "abusive environment" (Martin, 1977). This impression is also corroborated by Giblin (1981). While a child may suffer from a specific act of maltreatment it appears to be the "environment" which best predicts the subsequent well-being of a child.

1.8 Summary

Child maltreatment occurs more frequently in families suffering from economic privation, lack of caregiving skills, personal crisis or psychopathology, or some confluence of all three. It is also said to occur when "feedback and support are not being adequately provided to persons in the role of caregiver, either through an absence of...social networks...(or because of) cultural and attitudinal norms which tolerate or even approve of abuse" (Garbarino, 1977).

> "This does not necessarily mean that social isolation causes child maltreatment. However, social isolation is an indicator of potential trouble and often reflects a life-long pattern of estrangement. At the very least, it facilitates and reinforces child maltreatment, for when families are divorced from personal support systems, they are divorced from those sets of relationships that provide nurturance and feedback, that tell the individual what is expected of him and guide him in what to do, and that provide access to a variety of resources, social and material." (Garbarino, 1980(b))

In spite of the complex etiology of child maltreatment, there appears to be a strong rationale for the provision of family support services to families involved in child maltreatment. This rationale stems from the possible role of "social isolation" in families suffering from economic privation, lack of caregiving skills or personal crisis.

1.9 References

Black & Mayer
"Parents with special problems: Alcoholism and Opiate Addiction", Child Abuse and Neglect, 4(1):1980.

Bronfenbrenner
"Developmental research, public policy and the ecology of childhood" Child Development, 45(1):1974

Caplan, G.
Support Systems and Community Mental Health
New York: Behavioural Publications, 1974.

Cohen F.. and Densen, G.
"A study of the relationship between child abuse and drug addiction in 178 patients: Preliminary results", Child Abuse and Neglect, 6(4):1982.

Collins & Pancoast
Natural Helping Networks
Washington, D.C.: NASW, 1976.

Dohrenwend, B. and Dohrenwend, B.
"Social and cultural influences on psychopathology", Annual Review of Psychology, 25(4):1974.

Egeland, B. & Sroufe, L.
"Attachment and Early Maltreatment",
Child Development, 52(4):1981.

Elmer, Elizabeth
"Traumatized Children, Chronic Illness, and Poverty"
in The Social Context of Child Abuse and Neglect (Pelton, ed)
New York: Human Sciences Press, 1981.

Friedman, R.
"Child Abuse: A review of the psychosocial research"
in Herner & Co. (Eds.), Four Perspectives on the Status of Child Abuse and Neglect Research
Washington: National Centre on Child Abuse & Neglect, 1976.

Garbarino, James
"Changing Hospital Childbirth Practices"
American Journal of Orthopsychiatry, 50(4):1980(a).

Garbarino, James
"What Kind of Society Permits Child Abuse?"
Infant Mental Health Journal, (2):1980(b).

Garbarino, James
"The Human Ecology of Child Maltreatment"
Journal of Marriage & the Family, 39(6):1977.

Garbarino, James
"The Role of the School in the Human Ecology of Child Maltreatment"
School Review, 87(2):1979.

Garbarino, James & Crouter, Ann
"Defining the Community Context for Parent-Child Relations: The Correlates of Child Maltreatment",
Child Development, 49(6):1978.

Garbarino, James & Gilliam, Gwen
Understanding Abusive Families
Toronto: Lexington Books, 1981

Garbarino, James & Sherman, Deborah
"High-Risk Neighbourhoods & High-Risk Families: The Human Ecology of Child Maltreatment"
Child Development, 51(2):1980.

Giblin, P., Starr, R., & Agronow, S.
"A Comparison of Abused and Control Children",
Child Development, (in press).

Gil, D.
Violence against children: Physical child abuse in the United States Cambridge, Mass.: Harvard University Press, 1970.

Gray, J., Cutler, C., Dean, J., and Kempe, C.H.
"Prediction and Prevention of Child Abuse and Neglect"
Journal of Social Issues, 35(2):1979

Horowitz, Bernard & Wolock, Isabel
"Material Deprivation, Child Maltreatment, and Agency Interventions Among Poor Families", in *The Social Context of Child Abuse and Neglect* (Pelton, ed)
New York: Human Sciences Press, 1981.

Jones, J. & McNeely, R.L.
"Mothers Who Neglect and those Who Do Not: A Comparative Study", *Social Casework*, 61(9):1980

Kadushin, Alfred & Martin, Judith
Child Abuse: An International Event
New York: Columbia University Press, 1981.

Kalisch, Beatrice
Child Abuse and Neglect: An Annotated Bibliography
Westport, Conn.: Greenwood Press, 1978.

Martin, H.P. & Berzley, P.
"Behavioral observations of abused children"
Developmental Medicine and Child Neurology, 19(2):1977.

Pelton, L.H.
The Social Context of Child Abuse and Neglect
New York: Human Sciences Press, 1981.

Polansky, Norman
Damaged Parents: An Anatomy of Child Neglect
Chicago: University of Chicago Press, 1981.

Straus, M., Gelles, R. & Steinmetz, S.
Behind Closed Doors
New York: Doubleday, 1980.

Von Stolk, Mary
The Battered Child in Canada.
Toronto: McClelland & Stewart, 1973.

Young, L.
Wednesday's Children
New York: McGraw Hill, 1964.

Chapter Two

WHAT IS FAMILY SUPPORT

Mr. G. Cameron

2.1 Introduction

> FAMILY: a couple or parent(s) and never married children, if any, either own or adopted, who live in the same household.
>
> Statistics Canada
> Social Concept Directory, 1977

> SUPPORT: (1) to keep from falling or sinking, to hold in position, to bear the might of; (2) to give strength to, to enable to last or continue; (3) to supply with necessaries; (4) to assist by one's approval or presence or by subscription of funds; (5) to take a secondary post; (6) to corroborate, to bring facts to confirm; (7) to endure or tolerate.
>
> Oxford American Dictionary,
> 1980

Over the past decade there has been an increasing interest in alternatives to direct interventions with individuals, families, groups and communities. In particular, there has been an emphasis upon work with clients that enhances their capacity for independent functioning and minimizes interventions that replace the responsibilities of these informal or natural systems with formal, professional or bureaucratic responsibilities. This new emphasis has been reflected by an increased attention to phenomena such as:

(1) Prevention;
(2) Self-help;
(3) Social Networks;
(4) Home Care;
(5) Social Supports.

A major motivation for this shift in emphasis is the accumulating evidence on the dysfunctional consequences of institutionalization. The argument is that most of the population who are cared for in formal settings would benefit from a return to a "natural" setting with, perhaps, the assistance of supportive services to aid their adjustment and functioning in this setting. Because of the present economic recession, there also has been a clear interest in the cost-saving potential of these "new" interventions as well as their ability to expand the network of helping services and supports available to individuals. Finally, there is an ideological rationale for the shift in emphasis. One finds a mixture of the desire to increase individual, family and local responsibility for their own care and a demand for individual, family and community control over services and resources.

On the other hand, there have been strong caveats voiced concerning the change in orientation. A caution has been raised about jumping blindly aboard a new "bandwagon" and against overselling the potential contributions of these new alternatives. Also, a fear has been expressed that the shift represents an attack upon the value and contributions of formal services and could provide a rationale for an unwarranted retrenchment in the resources allocated for formal services. Further, this new orientation may lead to an undervaluing of the need for training and professionalism in the handling of problem situations. The strongest plea, however, has been for a consideration of the relative contribution of both "formal" and "informal" methods of helping and for the constructive linking of both approaches.

The interest in understanding and utilizing "family supports" in the helping processes is an integral part of this new orientation. It originates in the evidence that most people turn to informal supports rather than formal systems for help and that the bulk of social problems is dealt with by these informal helping networks. There is also very strong evidence that social support is an important intervening variable in determining the ability of individuals, families, and groups to cope with problems and the probable impacts of many stress-producing events on these people.

In order to explore the potential for the use of "family supports" by the helping professions, the following topics will be considered in light of available evidence:

(1) Discussion of Major Concepts;
(2) Nature of Social Supports;
(3) Providers of Social Support (Helpers);
(4) Access to Family Support;
(5) Impact of Family Support;
(6) Limitations of Family Support;
(7) Conclusion.

2.2 Major Concepts Discussed

A review of the usage of the term family support will lead the reader through a veritable wonderland of social science terminology. Family support is not a clearly described method of intervention. It is instead an element, or goal, in many related social work service interventions. The following summaries excerpted from the literature illustrate the range of activities that when directed at a family are relevant to family support.

Prevention. The first concept discussed is prevention. Three modifiers are used: Primary, Secondary, and Tertiary. Primary prevention reduces the incidence of new cases; secondary prevention reduces prevalence through early identification and active treatment; and tertiary prevention reduces residual aftereffects through rehabilitation (Ministry of Community and Social Services, 1979).

> "Primary Prevention aims to ensure that the safe, healthy, development of children is not stunted by unrealistic parental expectations, violence or other disruptions of normal parent-child relationships." (Collins, 1980)

Primary prevention for a family focusses upon preventing family-at-risk breakdown, child placement, or harmful behaviours within the family unit by increasing family resources and coping capacity and by reducing dysfunctional stress upon the unit.

> "Secondary Prevention seeks to discover instances of maltreatment at the earliest possible point and to remedy the environmental and interpersonal causes" (Collins, 1980).

Secondary prevention for a family attempts to uncover cases of child maltreatment and family dysfunctioning in order to provide the social supports, direct assistance and treatment required to end the dysfunction and to prevent a long-term breakdown in the family unit.

> "Tertiary Prevention aims at separating the child from the abusing adults to prevent injury or death" (Collins, 1980).

Tertiary prevention for a family involves removing the child from the dangerous family situation, working intensely with the family to establish a suitable permanent setting for the child, and providing the family with the support and resources they require to carry out this permanency plan.

Self Help. Family support is not restricted to what child protection workers can do. People can also do it for themselves. This is called "self help".

> "Self-help groups are voluntary, small group structures for mutual aid and the accomplishment of a special purpose. They are usually formed by peers who have come together for mutual assistance in satisfying a common need, overcoming a common handicap or life disrupting problem, and bringing about desired social and/or personal change. The initiators and members of such groups perceive that their needs are not, or cannot be, met by and through existing social institutions. Self-help groups emphasize face-to-face social interactions and the assumption of personal responsibility by members. They often provide material assistance as well as emotional support; they are frequently "cause-oriented" and promulgate an ideology or values through which members may obtain an enhanced sense of personal identity".
>
> [Katz & Bender, 1976, p. 9]

Social Network. Support is also related to another concept: the "social network".

> "The social network is a unit of social structure that includes all of an individual's social contacts. The network can be studied from the point of view of a single member or it can be studied as a whole. Its composition can be broken down in a number of ways, based on formal sociological clarifications (such as nuclear family, extended family and peers) based on psychological dichotomies (such as intimate versus casual ties), or based on the settings from which ties originate (such as neighbors, work mates, domestic relations, voluntary associations, and the community's health, welfare and educational institutions). Any given network can, in addition, be analyzed in terms of such structural features as size, density, clustering and dispersion. When the individual is the focus of analysis, the character of his or her linkages to others can be specified along such dimensions as the frequency, intensity, duration and source of the tie"
>
> [Gottlieb, 1981, p. 203]

Home-Care. Family support can also be supports offered in the home. This is referred to as community or "home care".

> "Home-based care refers to supportive and supplemental services to a family in or near the family home. It can be provided through a network of established formal institutions or through informal services of volunteers, neighbors, kin and peers. Home-based care programs incorporate the following characteristics: (1) parents are in control of the process and active participants; (2) the family network and the mutual habitat are used and the family is related to as a unit; (3) progress focusses upon any problem presented by the family as important; (4) the program makes a contract and commitment to the family; (5) extensive use is made of natural resources of extended family, neighborhood and community".
>
> [Maybanks & Bryce, 1979]

Social support. The concept of social support is central to the theme of this Review. The inclusiveness of this concept is indicated by the following:

> "The concept of social support has been variously addressed in terms of social bonds...social networks...meaningful social contact...availability of confidants...human companionship... While these concepts are hardly identical, they share a focus upon the significance of human relationships ...most focus upon the helping elements and processes of the social-relational systems in which the individual is located... Thus Gottlieb (1981:209) refers to the substance of social support as 'the help that helpers extend' and Lin et al. (1979a:109) define it as 'support accessible to an individual through social ties to other individuals, groups and the larger community'. Similarly, Pearlin et al. (1981:340) describe social support as access to and use of individuals, groups or organizations in dealing with life's vicissitudes' and Sarason (1975:155) refers to the degree to which individuals have access to social resources, in the form of relationships, on which they can rely."
>
> [Turner, et al., March 1982, p. 10]
>
> "Social support...refers to the clarity or certainty with which the individual experiences being loved, valued and able to count on others should the need arise."
>
> Turner et al., March 1982, p. 15]
>
> "Support system implies an enduring pattern of continuous or intermittent ties that play a significant

> part in maintaining the psychological and physical integrity of the individual over time."
>
> [Caplin, G., 1974, p. 7]

> "...it is nevertheless possible to distill...three meanings and measures that have become attached to the *social support* construct:
>
> (a) social support defined in terms of people's levels of social integration/participation;
> (b) social support defined as a byproduct of people's inter actions in a social network with particular structural properties;
> (c) social support defined in terms of people's access to a set of resources typically present in their intimate peer relationships.
>
> [Gottlieb, 1981, 32]

> "...the diversity of social support definitions has been discussed elsewhere...but all have a common focus on the helping properties and processes of the social-relational systems in which persons are located. These support networks are hypothesized to provide *(social) resources* for successfully dealing with both *stressful life* situations and the emotional disturbances related to them..."
>
> [Eckenrode & Gove, 1981, p. 50]

Social resources are not necessarily social supports. Eckenrode and Gove (1981) raise the important point that the social-relational systems, or networks, in which the individual, family or group is embedded are *hypothesized* to provide needed resources to its members. In considering social support it is important to differentiate social support from social resources (Turner *et al*., March 1982). In this study, the two are distinguished as follows: *social support is the concrete, social and psychological assistance actually received by an individual, family or group in relation to coping with specific problems; social resources are the potential concrete, social and psychological assistance or supports existing within the social support systems or networks of the individual, family or group*.

By implication, it is insufficient to describe the characteristics of the social support system in order to investigate the social support given to any individual or collectivity. Rather, it is necessary to ascertain how much of the potential social resources were actively received and, in terms of devising an intervention strategy, to determine how many of these potential resources are or can be made accessible.

In this study, reference to the *social network* of an individual or a family is reference to the *actual and potential linkages* between the individual or family and significant others in their immediate environment who may be potential or actual sources of social resources and social support. Linkages with both formal and informal sources are included in this definition.

Often informal networks include persons to whom the members of the network frequently turn for support. These are referred to as "natural helpers":

> "Viewed in the aggregate, these ties among individuals form networks that indirectly link a given participant to many others through intermediaries. Often these networks contain individuals who are especially well connected, whose relationship with other members of the network are numerous and rich. We have called these people 'central figures' or 'natural helpers'... Sometimes their central position in the network results from their personal attributes, sometimes from the special character of a situation. Most often it involves both".
>
> [Pancoast, 1980, pp. 110-111]

To summarize, social support is the concrete, social and psychological assistance received by an individual, family or group in order to cope with specific problems. Family support is the provision of social support to a family unit. In terms of child protection work, family support endeavours to maintain the well-being of all members of the family unit, and to increase the family's capacity to cope with factors that threaten the integrity of the family unit.

2.3 The Nature of Social Support

"Helping transactions...can vary along a variety of dimensions. The type of help, source of help and type of problem are factors that add to the complexity of the helping process" (Mitchell & Hurley Jr., 1981, p. 289). From the literature and the research on social support the evidence suggests:

1) There are different types of social support;

2) Social support from different types of helpers differs substantially;

3) Different types of social support and different types of helpers are relevant for different types of social problems.

For those wishing to undertake family support activities on an individual or programmatic basis, it is important to keep these differences in mind. This section provides, based on the literature, a framework for describing and clarifying these dimensions.

Robin Dimatteo and Ron Hays (1981) reviewed "all the major empirical studies of social support and illness that we were able to find in the literature in psychology, sociology, public health, and medicine" (p. 44). The types of social support measured in these studies can be summarized as follows: emotional support, individual and group counselling, transmittal of information, crisis counselling, concern and closeness, encouragement and reassurance, availability, involvement, educational lectures and training, confidant, therapeutic listening, concrete assistance such as transportation and babysitting, preferential treatment, communication, home supports and service, family or network integration, human contact, respect, empathic understanding, genuineness, intimacy, assistance with problems, monitoring, problem-centered feedback, group encouragement and sharing, and marital adjustment.

Most authors attempt to group these "types of social support" into a more concise typology. Following are the classifications for social support suggested by seven leading researchers in the field of social support.

Barrera Jr. (1981, p. 75) describes six support functions, derived from a study of social networks:

1) material aid: "providing material aid in the form of money and other objects";

2) physical assistance: "sharing of tasks";

3) intimate interaction: "interacting in a nondirective manner such that feelings and personal concerns are expressed";

4) guidance: "offering advice and guidance";

5) feedback: "providing individuals with information about themselves";

6) social participation: "engaging in social interactions for fun, relaxation and diversion from demanding conditions".

Sidney Cobb (1976, pp. 300-301) has specified three kinds of social support, all of which focus on the interpersonal aspects of a person's life:

1) Emotional support: "information that one is cared for and loved";

2) Esteem support: "information that one is valued and esteemed";

3) Network support: "information that one belongs to a network of mutual obligation".

Kahn [in Dimatteo and Hays, 1981, p. 119] has defined social support as "interpersonal transactions that include one or more of the following:

1) The "expression of positive affect of one person toward another;

2) The endorsement of another person's behaviours, perceptions or expressed views;

3) The giving of symbolic or material aid to another".

A more complex definition has been provided by Robert Caplan (1979, p. 85). He has specified two dimensions: objective-subjective and tangible-psychological. They form four variations of social support:

1) Objective-tangible support: "behavior directed toward providing the person with tangible resources that are hypothesized to benefit him or her mental or physical well-being";

2) Objective-psychological support: "behavior directed toward providing the person with cognitions (values, attitudes, beliefs, and perceptions) and toward including affective states that are hypothesized to promote well-being".

Objective support is measured by an outside observer. Subjective tangible support and subjective psychological support are analogous to their "objective" counterparts but they are determined by the target person's perception that supportive conditions exist.

Barry Wellman (1979, p. 1979), in his study of network interactions and social support in East York, identified the following major "support strands":

1) Doing things;
2) Giving and lending things;
3) Help with personal problems;
4) Information help;
5) Other strands.

Charles Froland et al. (1981) based upon their review of the research and their own review of helping network (social support) services in 30 agencies, have identified four types of helping:

1) Caretaking: material assistance; services such as housework, tranportation; 'keeping an eye out'; etc;

2) Friendship: company, emotional support;

3) Problem-solving: advice, linkage to resources;

4) Joint action: cooperative communal action, advocacy, organizing, planning.

Benjamin Gottlieb (1978), has also developed a classification scheme of informal helping behavior built around four major dimensions:

A. Emotionally Sustaining Behaviors: including talking (unfocussed), provides reassurance, provides encouragement, listens, reflects understanding, reflects affect, reflects concern, reflects trust, reflects intimacy, provides companionship, provides accompaniment, provides extended care;

B. Problem-Solving Behaviors: including talking (focussed), provides clarification, provides suggestions, provides direction, provides information, provides referral, monitors direction, buffers from stress, models or provides testimony of own experience, provides material or direct service, distracts from problem focus;

C. Indirect Personal Influence: including reflecting unconditional access, reflects readiness to act;

D. Environmental Action: including intervening in the environment to reduce source of stress.

Clearly there are many different kinds of formal and informal social supports and there is little agreement as to how they should be described or classified. Yet, it is important in researching social support for families or in developing social support interventions to be specific about what social supports or helping behaviours are intended. Not all types of social support are present in a helping intervention nor are all types of support equally relevant in relation to a specific problem situation. For this study of family support services in child protection the following typology of social supports is proposed.

Type of Family Support	Major Sub-Categories	Examples
Concrete or tangible supports	-practical inhome supports	-homemakers, homenurses babysitting,
	-general resources	-money, employment, access to education or training opportunities
	-assistance with practical services.	-transportation, budget counselling, home repairs.
Educational & Coping Skill Development Supports	-teaching related to general family functioning and child development	-P.E.T., F.L.E., child development and management, etc.
	-developing skills in relation to a specific stressor in case	-how to fight fairly, dealing with a hyperactive child
	-skill development in relation to the general environment.	-how to deal with schools, teachers, landlords, legal rights, accessing resources, how to find a job, study skills.
Informational supports	-practical advice on coping with problems	-advice on how to deal with school, child behavior problem
	-factual information in relation to problems and the environment.	-advice on rights for income assistance, legal rights.
Social Integration supports	-increasing the ongoing connectedness of families with, and use of supports within, potential/actual support networks	-assisting the client & the clients personal network to work together increasing the strength of the family system, peer groups, etc.
	-providing opportunities for social participation	-creating a social club for single mothers, recreation for adolescents.
	-increasing the general helping capacity of support networks	-developing the system of natural helpers, volunteers, home supports, within a community.
	-providing a sense of social identity and worth.	-facilitating self-help groups, encouraging participation in new roles

Type of Family Support	Major Sub-Categories	Examples
Emotional supports	-providing opportunities for genuine intimate interactions	-connecting clients with family, natural helpers, friends -counselling, self-help groups, strengthening family networks
	-ongoing and 'unconditional' caring.	-increasing the connectedness of the client with central figures in support network, family counselling.
Directive Supports	-supervision of family coping procedures	-caseworker assessment & monitoring of ongoing functioning of family-at-risk
	-temporary assumption of family coping responsibilities.	-in-home role-model for child handling, home management, temporary removal of child and working with family on a permanency plan.
Environmental action supports	-developing joint or cooperative vehicles for client action.	-developing and supporting a single-mothers/welfare mothers ass'n, housing rights group, self-help groups
	-campaigns to modify stressors in the general environment	-campaign for daycare services, increased prevention services
	-actions to modify stressors in the client's environment	-advocacy, increasing resources available to family
	-mobilization and coordination of potential social support in the general environment.	-establishing cross-agency linkages, coordination of a variety of helping institutions for a family.

2.4 Providers of Family Support (Helpers)

A second consideration in contemplating the delivery of social support to families is the nature of the person delivering the support. The ability to deliver social support varies with the role of the helper and the nature of his or her connection to the family or individual-at-risk.

These two issues are summarized by Mitchell and Hurley Jr. (1981, pp. 287-88):

> "In a prospective study of a sample of middle-aged community residents, Schaeffer et al. (forthcoming) examined the relationship of emotional, tangible and informational support to a variety of measures of psychological functioning. The results showed that depression was most strongly related to tangible support, i.e., the degree to which subjects perceive that someone would be available to them for help in situations requiring material assistance. Thus, our attempts to make informal helping transactions resemble therapeutic encounters ... may not necessarily result in the kinds of help that are most salient for that particular type of problem."
>
> "A second issue spotlighted by this example concerns the source of help. Weiss (1974) ... has tried to specify the different 'provisions' that individuals gain from different social relationships. He suggests that people in different social roles are not wholly interchangeable in the types of 'provisions' that they provide. Attachment, for example, 'is provided by relationships from which participants gain a sense of security and place'. Typically, this is provided by a 'cross-sex, committed relationship' (1974:23). 'Reassurance of worth is provided by relationships that attest to an individual's competence in a social role' (1974:24), and often arises through one's work associates. Social integration is provided by a network of relationships that serve as a fare for 'shared interpretation of experience', 'pooled information', 'exchange of services' and 'source of companionship' (1974:23). A person lacking a network of peers, then, may feel a loss that an intimate relationship will not adequately be able to satisfy. Similarly, a network of peer relationships may not be able to

> mitigate the need for an intimate relationship (e.g., for the divorced, widowed, or separated)."

The most comprehensive list of types of helpers comes from Froland et al. (1981) in a study of 30 informal helping organizations across the United States. They classify six types of social support providers:

> Family and friends: "are the most intimate and ubiquitous sources of help for all but the most isolated individuals (Sussman, 1965; Wellman, 1979) ... helping was generally based on commitment and motivation to help rather than on special skills or knowledge. Yet they were offering substantial assistance, ranging from socializing and checking in to see that everything was all right to home maintenance or intensive home nursing care. They were also important sources of advice and information about services" (p. 47-48).

> Neighbors: "... in general the relationship combines a high level of knowledge about many aspects of one another's lives with a fairly low level of involvement (Heller, 1968) ... The ability of the neighbor to be helpful is based on accessibility and willingness rather than on having special skills or similar experiences... Neighbors can be particularly important in helping the elderly" (p. 48).

> Natural helpers: Helping was based "more on personal motivation to help others and on natural helping skills which earned them the respect and confidence of those with whom they interacted... These helpers tend to have long-term relationships with those they help and with the agency. They are usually of the same socioeconomic status as those they help and have similar problems, but they exhibit superior coping abilities" (p. 48-49).

> People with similar problems: "The most prevalent type of helping we found in our sample was that from people with similar problems although research indicates that it is not the most common form of helping in the general population (Lieberman & Muller, 1978). This 'probably reflects the greater attention which professionals have paid to this form of helping than to the other types... It is the only form which seldom occurred in the homes of those

> involved and in which short-term returns were expected by the participants... Much of the interaction within such groups in our sample involved friendship and the pleasures of associating with similar people as much as the resolution of problems. The participants needed no prior experience in helping others and their helping relationships with others were not important to the helping process...' Groups were often based on 'shared status' rather than 'shared problems'" (p. 50).

> Role-related helpers: Their involvement in the helping process is due primarily to "the influential roles they play in the community, sometimes a gatekeeper, sometimes as an opinion leader... Within our sample, role-related helpers often helped others indirectly by being active on agency-sponsored task forces or in the general community... This is the only category of helper in which men were in the majority, perhaps because most of the occupations involved are largely filled by men. Within their occupationally defined helping roles, they were less likely to provide friendship and emotional support than advice, referral, and some services" (p. 49).

> Volunteers: "This form of help is usually stranger-to-stranger and channeled through a formal organization. Of all the forms of helping described here, it is most likely to involve inequality of status between the helper and recipient, both in terms of socioeconomic status and general coping ability. There is also an unequal exchange relationship, with the volunteer clearly defined as the helper... Motivation in terms of willingness to help and concern for problems was a more important personal characteristic than helping skills or ongoing relationships. Problem-solving was the most common helping activity" (p. 50-51).

For the purpose of this investigation of family support activities in the children's aid societies (CAS), it is necessary to add three types of formal helpers to Froland et al.'s typology of informal helpers. Formal helpers are characterized as employees of a helping agency whose employment role has as its primary purpose the establishment of a helping relationship with the family. Formal helpers have a major role in the support of families-at-risk both in terms of the direct provision of services and support as well as taking initiative in the mobilization of the helping efforts of informal helpers. The definition of the roles of formal helpers in the CAS and the methods emphasized by these workers will determine the extent and the nature of the agency's family support commitment.

Child Protection Workers: are involved in the helping process because of an employment responsibility. The worker brings both technical expertise, legal responsibilities and authority to the helping relationship. The status differential or role exchange inequality between the helper and recipient are the greatest of the relationships so far examined. The relationship is generally time-limited and problem-focussed. The worker is typically involved in many helping relationships at the same time placing limits on her availability to the recipient and requiring a focussed relationship. The worker potentially provides more types of social support than the helpers previously mentioned (e.g., emotional support, information, advice, advocacy, training, access to practical resources).

Ancillary Professionals: These are employees within or outside the C.A.S. who have a relationship with the family-at-risk. They have essentially the same relationship with the recipient as the child protection worker except that their interventions and responsibilities in maintaining the family-at-risk are typically less central to the helping process. In many cases, their efforts are seen as complementary to the work of the child protection worker.

Practical Service Workers: These are nonprofessional workers who typically enter the recipient's home to provide practical assistance and, to a lesser extent, constructive examples and practical advice. The relationship is time-limited and focussed. The exchange relationship is unequal.

Knowing the type of helper allows a matching of the helper with the type of help (support) that he or she can potentially provide to a family. These comparisons are presented in tabular form in Figure 2.1. Figure 2.2 presents in diagrammatic form the "social distance" between various types of helpers and those helped. "Social distance" increases as status equality and familiarity decrease between the helper and the helped. Figure 2.3 describes the various types of helpers along estimated dimensions of social support. These are judged to be important considerations in evaluating the potential contributions each type of helper may make to a family-at-risk.

FIGURE 2.1

Anticipated Contributions of Various Types of Helpers To Various Types of Social Support For Families-at-Risk

(adapted from Froland *et al*., 1981)

	concrete	educational	informative	social integration	emotional	directive	environmental action
family & friends	+++	++	++	+++	+++	++	+
neighbours	+	0	+	+	0	0	0
natural helpers	+	+	++	++	+	0	+
peers with similar problems	++	+	++	++	++	0	++
role-related helpers	+	+	+	+	0	0	+
volunteers	++	+	+	0	+	0	0
child protection worker	+	+++	+++	++	++	+++	++
ancillary professionals	+	++	++	+	+	+	+
practical service worker	+++	++	+	0	+	++	0

Legend:
0 - no anticipated contribution
+ - minor anticipated contribution
++ - significant anticipated contribution
+++ - highest anticipated contribution

FIGURE 2.2

A Family and its Social Resources: Social distance

(adapted from Gottlieb, 1980, p. 49).

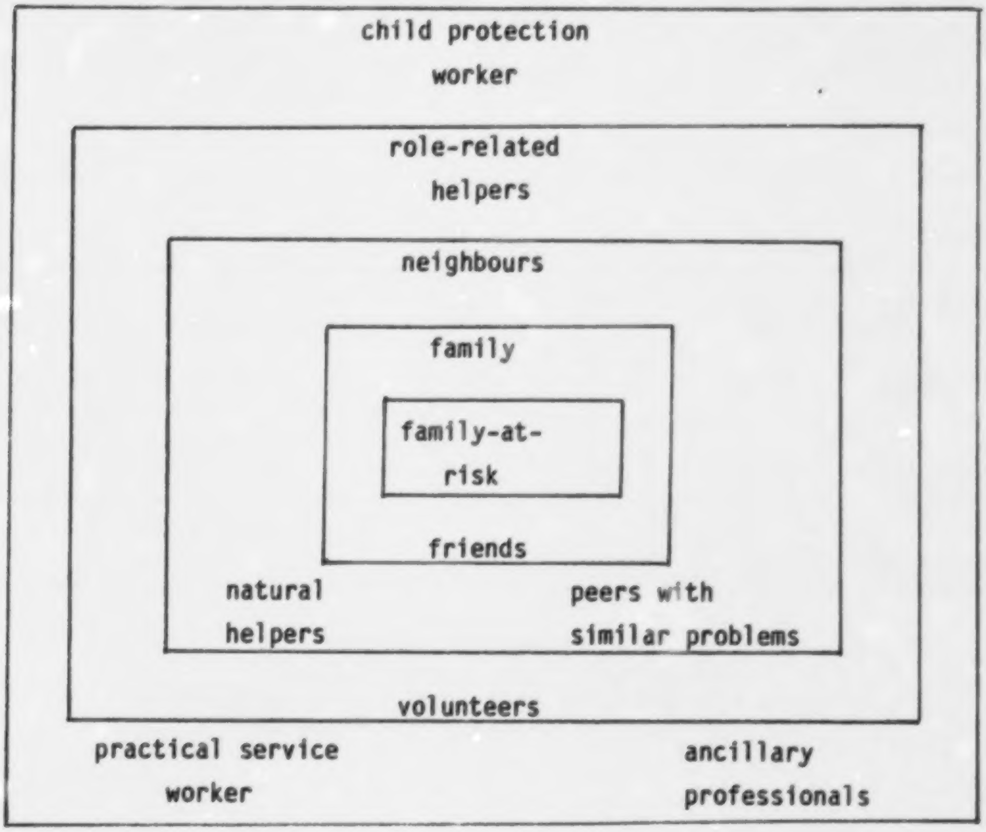
child protection worker
role-related helpers
neighbours
family
family-at-risk
friends
natural helpers
peers with similar problems
volunteers
practical service worker
ancillary professionals

FIGURE 2.3

Estimated Dimensions of Support Provided by Various Types of Helpers

	diversity/ range of help	status of exchange equality	technical expertise	length of commitment	emotional intensity	openness to all in need	availability in crisis
family & friends	+++	+++	+	+++	+++	+	+++
neighbours	+	+++	+	+	+	+	++
natural helpers	++	+++	+	+	+	+	++
peers with similar problems	++	+++	+	+	+	+	+
role-related helpers	+	++	++	+	+	++	+
volunteers	+	+	+	+	+	++	+
child protection worker	+++	+	+++	+	++	+++	+++
ancillary professionals	++	+	++	+	+	+++	+
practical service worker	+	+	+	+	+	+++	+

+ - low
++ - medium
+++ - high

Matching Helper with Family Need

A review of figures 2.1 and 2.3 provides a rough evaluation of the potential contribution of various methods of providing social supports to families-at-risk. For example, neighbours are relatively limited in the types and strength of the social support that they can provide. They are probably best suited for 'watchdog' functions and the provisions of simple task aid on a periodic basis (Litwak, 1978). Volunteers are also relatively limited in the supports that they provide. They should not be expected to make a substantial contribution to cases where a lack of social integration and emotional support are problems. They should be more potent in providing concrete assistance to clients. Turner (1982) studied the impact of volunteer "friendly" visitors on maladaptive parenting. Over 300 volunteers visited with women who had recently given birth, and who had been assigned to high and low risk groups. He concludes:

> "The wide range of analyses we conducted with respect to the intervention yielded highly uniform and negative results. We found no evidence whatever that the particular volunteer program mounted had any direct impact upon either the mothers involved or their babies, at least in terms of the dimensions we measured [psychological distress, experienced social support, infant security scale and mental development scale]" (p. 21).
>
> "... The provision of social support by volunteers using a friendly visitor approach and involving a low to modest level of interaction, has no measurable effects" (p. 25).

Emotional and social integration supports can be potentially provided from family and friends (including work associates and peer groupings) and to a lesser extent by peers with similar problems, natural helpers, and child protection workers. The protection worker's role is limited by both status inequalities, length of commitment, and time available. Nonetheless, along with family and friends, the worker appears to be a powerful 'vehicle' in the provision of a broad range of social supports. Her role in social integration is largely the linkage and facilitation of client contacts with long-term and status-equal supports. She can provide intense emotional supports and a caring relationship but not over long periods of time. She is less accessible than some other helpers and is outside the daily realities of the client's life. Her contribution to social support depends greatly on how she determines to carry out her helping role. Traditional social supports provided by social agencies in the form of practical service workers, while useful, are limited in range. Informal helpers are in general less open to all in need; rather they are selective in whom they will support. Many individuals and families are "socially isolated"; the task of connecting this individual with natural or informal helpers and helping networks may not be simple or straightforward (Froland et al., 1981). Besides being obligated to respond to families in need of help, formal helpers bring technical expertise to support tasks. In general, in planning a support intervention, it is important to match the needs of the client with the types of support provided and the types of helpers involved. Froland et al., (1981) in their review of 30 agencies found that the most effective programs merged several types of helpers and supports.

2.5 Access to Family Support

The literature and research on social support indicate three important qualifying concepts related to accessing, or delivering, social support:

(1) Formal versus Informal Supports;
(2) Potential versus Actual Supports;
(3) Embedded versus Created Supports.

These concepts are summarized briefly in this section.

Formal/Informal Supports

A very important distinction in the source of support is in terms of its "formality". Supports can be generally dichotomized into formal and informal. Froland et al., (1981, p. 262-264) define formal care (support) as "governmentally motivated or sponsored professional services". This definition can be broadened to include care provided through any formal organization whose express purpose is to assist individuals or families-at-risk. Informal support is defined by the Wolfender Report (1978, p. 264):

> "Informal support can be defined as: those sources of care and assistance provided by kin, friends, and neighbors, indigenous or natural helpers, and informal self-help or mutual aid activities found within networks or groups, usually on an unorganized or spontaneous basis".

A children's aid society is a formal organization and as such provides formal supports. Formal organizations have difficulty in providing informal supports (MCSS, Evaluation Report: Ontario Family Support Worker Program, 1982). Internal agency structures and operating procedures affect how successful the agency will be in accessing informal supports. This is elaborated by Froland et al., (1981, p. 56) in their case study of 30 American social service programs utilizing informal supports:

> "Each program in the study offered a unique blend of formal and informal ways of helping people. The types of problems and client populations the agency worked with, the stability of the neighborhood or community in which clients lived, the legal and political climate encountered by the agency, the agency's organizational base, and the personalities of the staff and informal helpers all served to influence the direction pursued in linking the efforts of professional staff and informal helpers."

In summary, the formal/informal distinction in social support provision is important because:

(1) Formal and informal supports offer different supports;

(2) Families turn first to informal supports.

(3) There is some tension between the structures and procedures of formal organizations and those of less formal groupings.

Potential/Actual Support

The distinction between actual and potential supports is made particularly for informal supports. Given that people turn intially to these informal supports, what happens if they are not "really" there or if these supports are not "healthy"? This is elaborated by Gottlieb, by Eckenrode and Gove, and by Turner:

> "In his research on the intimate ties of Toronto's East Yorkers, Wellman (1979) found that even though the majority of respondents (61%) has at least 5 intimate ties, only 30% of these intimates were reported to be sources of help in emergency situations and only 22% were perceived as helping with everyday needs... This is ample demonstration of the fact that knowledge of people's social contacts says little about their access to support..." (Gottlieb, 1981, p. 207)

> "We have argued that support begins with consideration of the pool of potential supporters which is then reduced to possible supporters after constraints on these persons are taken into account...

> The second phase of temporal study includes attention to the actual instances of support mobilization that we understood to mediate stress processes.
>
> ...Stress-buffering is ultimately an issue of process, with the most relevant processual questions having to do with support mobilization - that is, how potential supporters in a network become actual supporters given a stressful situation" (Eckenrode & Gove, 1981, pp. 65, 53).
>
> "...social support cannot be reduced to availability of resources, or to system capacity or potential, no matter how elegantly assessed" (Turner, March 1982, p. 14).

Eckenrode and Gove (1981) describe the constraints or blockages to a family accessing the "potential" support that it requires. Subjective constraints refer to the norms, values, and beliefs related to what types of help can be requested, when and from whom. Objective constraints refer to physical barriers to helping such as physical distance and the level of existing demands on potential supporters.

Michael Barrera Jr. (1981, p. 75) has argued that major sources of support may also be major sources of strain for the individual or families involved. In linking an individual or family with sources of support, care must be taken to locate actual and potential sources of conflict. Indeed, a viable social support intervention could be reducing the sources of conflict or stress within a personal network in order to allow supportive activities to take place. The discrepancy between actual and potential supports may be greatest in the case of neighbourhoods characterized by social networks that are not "free from drain" (Collins & Pancoast, 1976; Garbarino & Sherman, 1980).

The existence of a network of potential social supports does not mean that the required social support necessarily is or can be received by the family-at-risk. The network has to be examined to see what kinds of support it can potentially provide and how accessible these are to the client.

Embedded/Created Supports

A support can be extant (embedded) or if absent, created. According to Froland, the two are quite different:

> "Perhaps one of the fundamental differences in the character of informal helping hinges on whether help is exchanged between those who have an existing relationship or involves people whose relationships

> were initiated by an agency... This distinction has major implications for the kind of help exchanged, the reasons underlying the provision of help, and the types of helpers that may be involved".
>
> [Froland et al., 1981, p. 51]

> "Embedded helping relationships are likely to be meeting basic needs - material assistance, health care, protective services - and to be long-term relationships with a heavy investment of time, responsibility and concern. They require few agency resources to initiate or maintain. They are highly individualized and sensitive to the preferences of the participants. They are extremely flexible, representing what Diana Trilling has called 'the endless improvisation of mutuality' (Harlow, 1979:48)".
>
> [Froland et al., 1981, p. 52]

Embedded relationships help fewer people per helper. Also, help may be given only to certain persons or severe conditions may be imposed. Such relationships are slow to develop and, because of their idiosyncratic nature, time is required to identify the helpers and the culture of the networks (Froland et al., 1981, p. 52).

Created relationships, since they are designed and initiated by the agency, can be targeted on the desired populations. Since they are more open and egalitarian, they can be useful for isolated individuals or families. Created relationships may be more compatible with the nature of formal agencies and professional workers. They also present an opportunity for people to develop new helping roles, skills, and values. On the other hand, created relationships require a heavier investment of agency resources to initiate and maintain. Created supports may initiate shorter relationships and provide fewer basic supports. The recipients may find them less satisfying than embedded relationships (Froland et al., 1981, p. 52-53).

Embedded supports already exist. If they can be mobilized they may allow for more immediate access to supports and be considerably less expensive for a child care agency. Given the primacy of informal supports, embedded sources of support may have a more enduring effect - they are more "natural". Friends, relatives, natural helpers, and some neighbourhood associations are examples of embedded community supports.

Agencies may find it easier to create a support, even an informal one, than to access an embedded one. A created support may be more compatible with agency functioning. Most importantly the agency has control over a created support, over goals and over target population. It appears that agencies are more likely to try to create self-help groups or natural helping networks than to attempt to work with embedded informal supports. Examples are Parents Anonymous, A.A., Alteen, and many peer groups.

Summary

The concepts related to accessing supports - "formal/ informal", "potential/actual", and "embedded/created" - do not represent dichotomies, rather, they represent continuums. These continuums are important when thinking about family support. They represent useful concepts in designing, describing and analyzing family supports.

For purposes of this review the following framework is offered by the authors in order to assist in the description of the structure of social support delivery.

Figure 2.4

Social Support Delivery Framework

	INFORMAL	FORMAL
EMBEDDED	Family/Friends Neighbours Natural Helpers Peers (associates)	Role Related Helpers (Police, Schools, Hospitals, Public Health, Church, Union)
CREATED	Peers (self-help) Volunteers (friendly visitors)	Ancillary Workers Practical Service Workers Child Protection Workers

2.6 A Summary of Research Evidence on the Impact of Social Support

There is overwhelming support in the literature for the notion that social supports are beneficial, if not necessary. The following summaries of the research evidence suggest their efficacy for:

Physical Well-Being

> "There is considerable evidence to suggest that social support has a significant impact on physical health status. Medalie and Goldbourt (1976) examined the influence of social support on risk of angina pectores, in a five year prospective study of

> 10,000 men... Those who reported favourable love relationships with their wives were significantly less likely to present symptoms ... even in the presence of physiological risk factors. The influence of social support on risk of mortality among more than 6,000 adults over a nine year period was studied by Berkman and Syme (1979)... Each of these four measures (marital status, contacts with close friends and relatives, church membership, informal and formal group associations) was independently associated with risk of mortality. Marital status showed the strongest relationship with significantly lower rates of mortality among the married for all age and sex groups. Finlayson (1976) assessed the impact of wives' level of social support from friends and family on husbands' recovery from myocardial infarction. Husbands whose wives felt most supported had higher rates of recovery. Lynch (1977)...reviews a wide variety of convincing evidence on the impact of social isolation on heart disease. Human companionship appears to be associated with lower rates of all types of coronary disease... Nuckalls et al. (1972) assessed the relationship between social stresses, social support...and implications of pregnancy...it was found that among women with high life change scores, those who had high social support scores had only one third the complication rate of women with low social support scores... De Araujo et al. (1973) have shown that asthmatic individuals with high levels of stress and low levels of social support required nearly four times the dosage of steroids compared with similar individuals who had high stress and high levels of support".
>
> [as reported in Turner, March 1982, pp. 2-4]

Psychological Well-Being

> "The influence of social support on psychological well-being has received considerable research attention... Social support has been shown to positively influence psychological well-being among the ill and disabled (Davidson et al., 1981; Dimond, 1979; Jamison et al., 1978; Lesser and Watt, 1978; Porritt, 1979)... There is some evidence to indicate that variable types of social networks, generally defined in terms of the interpersonal linkages among a set of individuals, are associated with differential psychological well- being. Hanmer et al. (1978) refuted that among a general population sample the primary network usually consists of 25-40 people and of these, 6-10 are known intimately. Within the social network there are typically several clusters with 6 or 7 highly interconnected individuals in each cluster. A similar network pat-

> tern among normals was reported by Pattison et al. (1975). Primary networks of neurotics were smaller (10-12 people) and often included significant persons who were no longer living or who lived far away. There was also a low level of interconnectedness among member and personal relations with network members were more often rated negatively by neurotics than by normals... Henderson et al. (1978b) also found that neurotics had smaller networks and experienced more negative interaction than normals...
>
> The social networks of psychotics appear to be clearly differentiated from those of both neurotics and normals (Pattison _et al_., 1975; Sokolovsky _et al_., 1978; Tolsdorf, 1976). The networks of psychiatrics are characterized by their small size, domination by kin, and the large proportion of dependent relationships...
>
> ... A confiding relationship in times of stress in which people can talk intimately about themselves or their problems, has been shown to be crucial for good psychological health status in several studies (Brown _et al_., 1975; Lowenthal and Haven, 1968; Roy, 1978; Miller and Ingham, 1976)... The relationship between social support and psychological well-being has been examined by Dean and Lin and their associates in a number of studies (Dean and Lin, 1977; Dean _et al_., 1980, 1981; Lin _et al_., 1979a)... In the population as a whole, there was a significant relationship between social support and psychological well-being (Dean _et al_., 1981)... Dean _et al_. (1980) found that lack of companionship showed the strongest association with depression for all age groups...
>
> Despite important variations in concept and method across studies, there is clear and quite consistent evidence that social support plays an important role in maintaining and promoting both physical and psychological health."
>
> [as reported in Turner, March 1982, pp. 5-9]

Adjustment to Job Dislocation

> "La Rocco _et al_. (1980) found social support to significantly moderate the influence of job stress on several indices of physical health. Gore (1978) found that men who received high levels of emotional support from friends and family following the closing of the plant in which they were employed allowed

> lower levels of physiological strain than did other workers with low levels of support... Wilcox (forthcoming) found that the relationship between stressful life events and psychological distress is conditional on the individual's level of social support... As social support decreases, the relationship between life events and psychological distress becomes stronger."
>
> [as reported in Wilcox, 1981, p. 98]

Adjustment to Marriage Breakdown

Several research studies have shown that women with more extensive and positive social support networks adjust better to divorce than do those without these supports (Wilcox, 1981; Weiss, 1975, 1979; Bernard, 1964; Colletta, 1979; Chiriboga *et al*., 1979; Raschke, 1977).

Adjustment by Pregnant Adolescents

> "A study was ... designed to examine the relationship between social support and the well-being of pregnant adolescents... Participation ... was restricted to women who were less than 20 years old and who did not have children from previous pregnancies... The final sample of 86 participants consisted of 22 Blacks, 32 Caucasians, 28 Mexican Americans and 4 women who did not identify themselves as members of any of these ethnic groups...
>
> The results of this study and others suggest that the receipt of satisfying support is related to positive adjustment, but the factors that contribute to the development of satisfying support are for the most part obscure...
>
> This study has several implictions for efforts to develop and implement interventions directed at aiding pregnant adolescents and other groups facing critical life transitions:
>
> - strategies to assist community residents in expanding the number of their significant relationships that provide support appear to have potential value;
>
> - even those relationships that are supportive, might be ineffective in facilitating adjustment if they are also sources of interpersonal conflict. Interventions to eliminate conflict in otherwise supportive relationships would seemingly streng-

> then the role of social networks in aiding the adjustment of people undergoing major life change."
> [Barrera Jr., 1981, p. 79-86]

Given the potential importance of social supports to both personal health and adjustment to crises, it is not surprising that child maltreatment too is identified as potentially influenced by providing social supports to actual, or potentially, maltreating families.

Preventing Child Maltreatment

> "What transforms individual risk into abuse? The ecological perspective argues that it is the social context in which families live. More specifically, it is social and economic definitions in the environment of families... Investigators repeatedly have demonstrated that social isolation is a correlate of child maltreatment (Balean, 1971; Bryant et al., 1963; Elmer, 1967; Helfer and Kempe, 1976; Lauer, Ten Broeck, and Grassman, 1974; Smith, Hanson, and Noble, 1974)... Social isolation is an indicator of potential trouble and often reflects a lifelong pattern of estrangement (Polansky et al., 1979)... Moreover, when combined with low income, social isolation may exacerbate the problem by making parents too dependent on social networks for assistance (Smith, 1977; Stack, 1974).
>
> ... If child maltreatment is grounded, at least in part, in the social context in which families live, then solutions to the problem must go beyond individualistic therapies and rehabilitation techniques to embrace personal social networks, neighborhoods and communities... How can we foster environments ... that will relieve the social isolation of families and support successful parent-child relationships?"
> [Garbarino and Stocking, 1980, p. 7-9]

Simply, family and friends make living easier and sometimes professionals like nurses and social workers are required to help people cope. People can help by giving direction, encouragement or by providing material goods. All of these are supports, and none are singled out by the literature as inappropriate and without potential positive benefit for a family.

2.7 Limitations of Social Support

Family support is the provision of social supports to family members in order to maintain the family unit intact. Numerous authors point to the efficacy and practicality of family support services in child welfare (see Chapter 4). This does not mean that family support is easily accomplished by child protection agencies and workers. Particularly, care must be taken in considering the use of "informal" supports, especially in lieu of the more formal social supports to families traditional to social work intervention.

There is caution in the literature and research against overemphasizing the potential of "natural" social supports in helping families- at-risk. Many individuals and families-at-risk will be relatively socially isolated, and the potential for establishing linkages with informal or embedded supports will be limited. Turner (1981, 1982) presented evidence of a reciprocal relationship between psychological well-being and receipt of social support. Not only does social support positively affect well-being, but conversely personal coping style and well-being affects the availability of social support to the individual. Additional evidence of individuals and families "undermining their own support" (Dimatteo and Hays, 1981, p. 135) is presented by Caplan (1979) and De-Nour and Czaczbes (1976). The first task in many family support interventions may be to increase the family's ability to reach out for support and to accept assistance when it is offered. In cases of families with impoverished potential support networks, formal supports may have to be created. As shown in figures 2.1 and 2.3, formal supports have less capacity for both long-term assistance as well as a lower capacity for the emotional and social integration support of families.

Formal support (e.g., agency programs, professional help, practical services, etc.) and informal supports (family and friends, peer group, natural helpers, self-help groups, etc.) are only partially compatible. Not only do the two types of assistance have strengths in different types of support, but the culture, values, and methods of providing support in each case are different and in some ways contradictory (Litwak, 1978; Froland et al., 1981; Katz and Bender, 1976). Informal networks and groups require spontaneity, reciprocity, status equality, and an evolving pattern of actions and priorities which may cause problems for agencies and workers, and may be quite fragile and sensitive to formal and professional interventions (Collins and Pancoast, 1976). It is not clear yet how accessible these informal support networks are to child protection agencies and to child protection workers. Nor is it yet clear to what extent they may be "exploited" by the formal service sector or what methods and procedures are appropriate for doing so. What is clear is that an agency wishing to merge natural helping networks to its own helping efforts must incorporate a respect for their culture and methods and a patient attitude. The effort should be flexible and responsive, and have a capacity for localized discretion in its program administration and its professional relationships with informal help programs, helpers, networks, and groups (Froland et al., 1981; Collins and Pancoast, 1976). There may also be other community institutions (e.g., churches, cultural and recreational centers, community associations, etc.) which, in terms of their community reputation and their structure and methods, are more compatible with natural helping and informal social support than the child protection agency. Such institutions may be useful as intermediaries between the child welfare agency and the community supports or as a base of operation for the helping efforts (Collins and Pancoast, 1976; Froland et al., 1981).

Froland et al. summarize a number of studies of informal help which suggest caution in "overselling" its effectiveness:

> "Two further studies on the Chicago sample shed some light on the perceptions of recipients concerning the relative effectiveness of informal help. One study focussed on how parents sought help for concern surrounding their young adult children (Menaghan, 1978) and found no relationship between reported relief obtained from help and the type of helper chosen, i.e., formal or informal. The nature of help (e.g., whether listening, insight, or action) seemed the determinant of relief rather than who provided it. Relief was also more often obtained when a combination of both formal and informal help was received. The second study looked at a wider range of problems and a broader sample in examining the adaptive consequences of help (Lieberman & Muller, 1978)... The study failed to find a consistent relationship between respondent outcome and type of help obtained. These studies suggest that informal help is evaluated by recipients as no worse (or better) than formal help. A combination of the two seems most effective."
>
> [Froland et al., 1981, p. 173]

> "A series of studies of help seeking behavior among a large sample of Chicagoans explored the limits of informal helping (Lieberman and Glidewell, 1978)... Respondents under greater stress were more likely to turn to formal as well as informal sources out of a reluctance to continue to rely solely on informal associates for assistance. It seems, then, that

> there are circumstances under which people prefer to seek help from formal agencies even though informal help is very important...
>
> Second, informal help may not be more accessible, in an emotional sense, than formal help. Another study in this series looked into the norms related to informal help and found that only about half of the respondents who received help from informal sources felt they had a right to expect such help (Schreiber and Glidewell, 1978)... The tenuous claim that many persons seemed to feel they had in informal sources of help urges caution in estimating the extent to which such assistance may be counted on".
>
> [Froland et al., 1981, p. 172]

Froland et al., (1981) point out another caution regarding excessive emphasis upon informal supports and helping at the expense of formal supports and services. The typical caregiver is female and gives support out of a "sense of moral responsibility", but at a personal "cost". For example:

> "Female caregivers (in a study of 120 caregivers in the general population...usually mothers, wives, or daughters) outnumbered male caregivers (usually husbands) three to one. Most caregivers were providing extensive help with activities of daily living...as well as companionship and emotional support. The effect of providing care on the caregivers' lives was telling. More than one-quarter experienced profound economic limitation - having to give up a job altogether, cutting back in hours worked, or having to forego job advancement. Most experienced a financial burden in meeting the extra costs associated with transportation needs, special foods, clothing, and various aids. Needless to say, the social life of the informal caregiver was severely curtailed and family stress was greatly pronounced.
>
> Another study looking at informal caregivers of 100 long- term psychiatric patients generally confirms these findings (Londsdale, Flower and Launders, 1980). Here, women outnumbered men two to one as caregivers and almost two-thirds were married to the patient; parents, siblings, children and friends comprised the remaining one-third... The impact of providing care was significant: one-third reported financial hardship, one-half reported diminished health and well- being from being tired, anxious, depressed, or nervous. These effects were more

> pronounced for those caregivers of patients with more severe problems".
> [Froland et al., 1981, p. 175]

There is also a danger that the usefulness of informal and embedded supports may be used to justify returning responsibilities for care to primary units and cutting the resources allocated for formal family supports. Such a practice is likely to exacerbate the problems it ostensibly aims to improve. An increased number of children and families-at-risk may receive no support or care at all. The risk of excessive family stress and family breakdown, in many cases, will increase. What seems to be required is a "partnership" between formal and informal caregivers and supports. The methods to augment this union remain substantially to be learned both by researchers and by practitioners.

Furthermore, informal supports, or more specifically their absence, may be part of the problem. Garbarino and Sherman (1980) examined two socio-economically matched neighbourhoods, one of which had a much higher rate of child abuse than expected and the other much lower. They state:

> "Families in the 'high risk' neighborhood tend to be 'socially impoverished' in that they tend to report fewer resources available for child care arrangements as well as far more general exchanges within the neighborhood ..."
>
> "As Warren (1980) indicates, these neighborhood differences have important implications for the patterns of helping that take place, and for interventions that attempt to influence these processes. The integral neighborhood is one that is most likely to have numerous 'central figures', most likely to use both informal and formal helping resources effectively, and less likely to resist the consultative advances of professionals. Such neighborhoods are also the ones that are perhaps least in need of such help".
> [as reprinted in Mitchell and Hurley Jr., 1981, pp. 290-91]

Family support interventions can also profitably be focussed at the level of the neighbourhood-at-risk in terms of increasing social resources available within the area and by augmenting "identity (a feeling of belongingness to the neighborhood community), interactions (frequency and types of contacts with neighbors) and linkages (associations and contacts with individuals and groups outside the immediate local neighborhood" (Warren, 1980). It is not yet clear which levels of intervention are most important (individual, family, neighbourhood, metropolitan, society-polity-economy) nor what sequencing of efforts would be most effective in supporting families-at-risk. What is probable is that agency interventions focussed on several levels of intervention and utilizing a variety of helping approaches are more likely to successfully support families-at risk of child abuse and neglect. As yet, there remains considerable scope for continued research, demonstration and experimentation in this area.

There is strong evidence that child maltreatment is a class-biased phenomenon. Incidence of child abuse and neglect correlate strongly and inversely with family income. Adequate income (which generally means stable employment) translates directly into a higher sense of self-worth and social intergration, less stress upon the family unit, access to more family support resources, increased social, educational and personal opportunities and an increased ability to choose favourable community and neighbourhood arrangements. As reported earlier, Garbarino and Crouter (1978) were able to predict 83% of the child maltreatment cases in 20 neighbourhoods using income level, neighbourhood mobility and proportion of single family housing measurements. They summarize the relationship between child abuse and 'poverty' as:

> "The available evidence - surveys, case records, and agency studies - suggests that child maltreatment is more prevalent the lower one goes on the social ladder. Most (about 75% of the cases reported to authorities involve families at or below commonly accepted standards of poverty... A recent national representative study of married couples with children over the age of three supports this conclusion. When the investigators looked at the incidence of serious domestic violence they found the rate to be substantially higher among low income, low education groups...
>
> Recent studies of the American family by the National Academy of Sciences and the Carnegie Foundation echo the theme that economic impoverishment is a direct threat to family functioning and particularly to families with very young children. What is more, a recently completed longitudinal study of two communities has demonstrated a causal connection between job loss and the rate of child abuse."
>
> [Garbarino, 1980, p. 273-74]

The argument is not that social and psychological resources and supports are unimportant in sustaining families-at-risk. There is ample evidence that they are quite important; moreover, these are the levels of interventions that are relatively accessible to the intervention of child protection agencies. The common adage remains relevant: "while most abusing and neglectful parents are poor, most poor families are not abusing or neglectful". Also, albeit to a substantially lesser degree, abuse and neglect do occur among the middle and upper income groups. Yet it remains true that it would be both unjust and repressive to ignore the economic and societal correlates of child abuse. It is probable that the strongest child maltreatment prevention and family support interventions would be to assure families access to decent employment and adequate income, good quality housing, and "safe and responsible" neighbourhoods. There is reason to suspect that "most" child abuse and neglect "would disappear" under such conditions. Clearly, substantial responsiblity and influence over family support is beyond the control of families, local communities, or the individual child protection agencies.

2.8 Summary

It was initially with some trepidation that the authors approached the literature on social support. It was anticipated that this review would demonstrate little clarity to the definition of social support and little guidance as to how to provide social support. Fortunately our fears were not substantiated.

Based upon our review of the literature and research on social support, the authors have been able to develop working typologies of types of social support and types of helpers. It has also proved possible to present a beginning discussion of the potential usefulness of various strategies for providing social support.

There is strong evidence that access to social supports is an important intervening variable in determining individuals' and families' ability to cope with a broad array of problems. There are also some clear indications that many of the methods of providing social support fall within the experience of child protection agencies. Social support to families involves skills already available in the children's aid societies.

2.9 References

Barrera, M. Jr., et al.
"Preliminary development of a scale of social support",
American Journal of Community Psychology, 9(4):1981.

Bernard
"Fatherless families: Their economic and social adjustment",
Papers in Social Welfare #7 Woltham:
F.G. Heller Graduate School of Social Welfare, Brandeis University, 1964.

Caplan, R.
"Social support, person-environment fit and coping",
in Fermon et al. (Eds.) Mental Health and the Economy
Kalamazoo: Upjohn Institute, 1979.

Caplin G.
Support systems and community mental health,
New York: Behavioral Publications, 1974.

Caplin, G. & Killilece, M.
Support Systems and Mutual Help-Multi-Disciplinary Expectations
New York: Greene & Stratton Inc., 1976.

Caplin, R.
"Patient, Provider and Organization", 1979
in Cohen (Ed.) New Directions in Patient Compliance
Lexington: D.C. Health, 1979.

Chiriboga, D.
"Divorce, Stress and Social Supports: A Study in Help-Seeking Behaviors",
Journal of Divorce, 3(1):1979.

Cobb, S.
"Social Support as a Moderator of Life Stress",
Psychosomatic Medicine, 38(5):1976.

Colletta, N.
"Support Systems after Service: Incidence and Impact",
Journal of Marriage and the Family, 41(6):1979.

Collins, A.
"Helping Neighbors Intervene in Cases of Maltreatment",
in Garbarino & Stocking (Eds.), Protecting Children from Abuse and Neglect
San Francisco: Jossey-Bass Publishers, 1980.

Collins, A. and Pancoast, D.
Natural Helping Networks
Washington, D.C.: NASW, 1976.

Davenport, J. and Davenport III, J.
"Utilizing the social network in rural communities",
Social Casework, 63(2):1982.

De-Nour, A. and Czaczbes, J.
"The influence of patient's personality on adjustment to chronic dialysis",
Journal of Nervous and Mental Disease, 162(5):1976.

Dimatteo, M. Robin, and Hays, Ronald
"Social Support and Services Illness",
in B. Gottlieb (Ed.), Social Networks and Social Support
Beverly Hills: Sage Publications, 1981.

Eckenrode, John & Gove, Susan
"Social support and life stress",
in B. Gottlieb (Ed.) Social Networks and Social Support
Beverly Hills: Sage, 1981.

Equal Opportunities Commission
The Experience of Caring for Elderly and Handicapped Dependents
Manchester, England: Author, 1980.

Froland, *et al*.
Helping Networks and Human Services
Beverly Hills: Sage Publications, 1981.

Garbarino, J.
"Changing Hospital Childbirth Practices",
American Journal of Orthopsychiatry, 50(4):1980.

Garbarino, J. and Stocking, S.
Protecting Children from Abuse and Neglect
San Francisco: Jossey-Bass Publishers, 1980.

Garbarino, J. and Sherman, D.
"High-risk neighborhoods and high-risk families: The human ecology of child maltreatment",
Child Development, 51(2):1980.

Garbarino, J. and Crouter, A.
"Defining the community context of parent-child relations: The correlates of child maltreatment",
Child Development, 49(6):1978.

Gottlieb, B.
"The development and application of a classification scheme of informal helping behaviours",
Can. Journal of Behavioral Science, 10(1):1978.

Gottlieb, B. (Ed.)
Social Networks and Social Support
Beverly Hills: Sage Publications, 1981.

Gottlieb, et al.
"Social networks and the utilization of preventive health services", in Price et al. (Eds.), Prevention in Mental Health
Beverly Hills: Sage Publications, 1980.

Katz, A. and Bender, E.
The Strength in Us
New York: Franklin Watts, 1976.

Lieberman, M. and Glidewell, J.
"Overview: Special issue on the helping process", American Journal of Community Psychology, 6(4):1978.

Lieberman, M. and Mullan, J.
"Does help help?",
American Journal of Community Psychology, 6(4):1978.

Litwak, E.
"Agency and family linkages in providing neighborhood services", In Thursz et al. (Eds.), Reaching People: Tne Structure of Neighborhood Services
Beverly Hills: Sage Publications, 1978.

Londsdale et al.
Long Term Psychiatric Patients: A Study in Community Care
London: Personal Social Services Council, 1980.

Maybanks, Eheila & Bryce, Marvin
Home-Based Services for Children and Families
Springfield, Illinois: Charles C. Thomas, 1979.

Menaghan, E.
"Seeking help for parental concerns in the middle years", American Journal of Community Psychology, 6(4):1978.

Ministry of Community and Social Services
Evaluation Report: Ontario Family Support Worker Program
Toronto: Government of Ontario, 1982.

Ministry of Community and Social Services
The State of the Art: A Background Paper on Prevention
Toronto: Government of Ontario, 1979.

Mitchell, R. and Hurley Jr., D.
"Collaboration with natural helping networks",
in B. Gottlieb, Social Networks and Social Support
Beverly Hills: Sage Publications, 1981.

Oxley et al., 1981
"Relationships among community size, mediators, and social support variables: A path analytic approach",
American Journal of Community Psychology, 9(6):1981.

Pancoast et al.
"Informal support for the chronic mental patient",
Journal of N.H. Association of Private Psychiatric Hospitals, 11(5): 1980.

Raschke, H.
"The role of social participation in postseparation and postdivorce adjustment",
Journal of Divorce, 1(2):1977.

Schreiber, S. and Glidewell, J.
"Social norms and helping in a community of limited liability",
American Journal of Community Psychology, 6(4):1978.

Turner, R. Jay
"Social support as a contingency in psychological well-being",
Journal of Health and Social Behaviour, 22(4):1981.

Turner, R. Jay, Frankel B. Gail, Levin, Deborah
"Social support: Conceptualization, measurement and implictions for mental health",
Health Care Research Unit
The University of Western Ontario, March 1982.

Warren, D.
"Support systems in different types of neighborhoods",
in Garbarino & Stocking (Eds.),
Protecting Children from Child Abuse and Neglect
San Francisco: Jossey-Bass, 1980.

Weiss, R.
Marital Separation
New York: Basic Books, 1975.

Weiss, R.
Going It Alone
New York: Basic Books, 1979.

Wellman, B.
"The community question: The intimate networks of East Yorkers",
American Journal of Sociology, 84(8):1979.

Wilcox, B.
"Social support, life stress and psychological adjustment: A test of the buffering hypothesis",
American Journal of Community Psychology, 9(4):1981.

Wolfender Report
The Future of Voluntary Organizations
London: Croom Helm, 1978.

Chapter 3

POPULATIONS REQUIRING SPECIAL ATTENTION IN CHILD WELFARE

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3.1 Introduction

Children's aid societies in this province frequently address programs to specific client groups. While most presenting cases share the characteristics of economic and social privation, often aggravated by psychological distress, there are characteristics that presenting cases do not have in common. Therefore special mention will be made of:

(1) Adolescents;
(2) Unmarried Mothers;
(3) Native Canadians;
(4) Rural Families;
(5) Ethnic Minorities.

This does not mean that these groups are necessarily "high risk", although this has been said of teenage single mothers. Most represent populations to which family service methods may have a differential relevance.

This chapter examines the evidence on abuse to adolescents, and the abuse by single mothers, both "personal adjustment" categories of presenting cases. Also considered in this chapter are "cultural" categories of presenting cases. As of October 1982, there is "no reliable evidence of ethnic and cultural differences in child maltreatment" (Garbarino and Ebata, 1982). This does not mean that services to such groups do not have to be differentiated. Ethnic groups, of which native Americans are a specific example, are discussed, as are rural families because of the similarities in thinking about services appropriate to all three groups. The dominant similarity is in the need for the service provider to take into consideration the culture of these groups - cultures remarkably similar in many respects, and cultures quite at variance with the dominant urban milieu which dominates the structure and provision of social supports to families.

3.2 Adolescents

A review of the literature on adolescent abuse leads to two conclusions:

(1) there is very little empirical research on adolescent abuse;

(2) adolescent abuse is consistent neither with abuse to young children nor across adolescent abuse cases.

It can be remarked with some accuracy that adolescents are neglected by some parents and by most researchers. The literature on adolescent neglect and abuse is primarily clinical in nature and not characterized by the empirical rigor of large samples and control groups, which is more characteristic of the research on the neglect of children. Therefore this summary of the literature is more a summary of clinical experience than it is of scientific investigation. Three exceptions are: a sample of 100 adolescent abuse cases studied by Garbarino (1979); a survey of 70 adolescent abuse cases studied by Lourie (1977); and to a lesser extent a review of 25 case studies of adolescent abuse investigated by Libbey and Bybee (1979).

While cases of child maltreatment are associated disproportionally with economic, social, and emotional privations, this is much less the case for maltreated adolescents. While referring sources for childhood maltreatment come from the fields of health, public assistance and to a lesser extent schools, neighbours and police are the dominant sources of referral for adolescent maltreatment. Adolescent victims also come less frequently from single parent families, and concomitantly, fathers are more likely to be directly involved in the abuse of an adolescent. The abuse is less physically severe (at least the consequences are less severe, owing in part to the size of the victim), and is far more likely to be sexual in nature (Garbarino & Gilliam, 1981).

Two patterns of adolescent maltreatment are described. The first is the adolescent for whom maltreatment is merely an extension of childhood experience. Some of these cases may not have come to the attention of authorities. They are reported now because of the increasing severity or frequency of the maltreatment. This "chronic" pattern represented 40% of all cases in the sample survey study (Garbarino & Carson, 1979) and significant proportions in the studies by Lourie (1977) and by Libbey & Bybee (1979). Lourie describes the parents in this chronic pattern as being "disorganized, overwhelmed by life, and isolated from outside supports". Lourie suggests that this chronic abuse pattern is highly under-represented in reported cases. With regard to incidence of this chronic pattern she says: "These children are often seen in the juvenile system where the abuse is overlooked... In areas where identification is poor enough to allow abuse to continue into adolescence undetected, the chances of it being detected then is even poorer".

The second pattern is not characterized by impoverished families or single parent family structures, although merged families figure prominently in their case histories. It is the opinion of clinicians that abuse for this group is not as traumatic an event nor does it necessarily have the lasting consequences that it appears to have for the chronic group. This might merely reflect the fact that they are not suffering from being brought up in the midst of economic and social privation.

The parents of this "episodic" group have been described both as "ineffective authoritarian" and as "indulgent". These extremes of parenting are summarized by Garbarino and Gilliam (1981):

> "This indulgent pattern causes parents to expect excessive dependency and compliance . . . and that expectation in turn elicits frustration, resistance, and anger in adolescents as they begin to mature and resent their infantilized state . . . Authoritarian methods of child rearing keep youngsters from internalizing values and self-control. This lack of internal control shows up as a propensity for irresponsible behavior and may lead parents to feel they must use more force".

Lourie (1979) provides evidence for the "authoritarian" parents being the most brutally violent towards the adolescent. Whether authoritarian or indulgent, these parents are ineffective and not surprisingly, use corporal punishment to discipline their children. According to Garbarino and Gilliam (1981), some investigators suggest that the best predictor of whether a parent will maltreat an adolescent is how they treated the adolescent at age two to four. Successful parenting when the child was two predicts successful parenting when the child is a teen. The common denominator is the child's demand for independence in both periods. It appears that adolescent maltreatment is tied less to parental impoverishment than is child maltreatment and it touches a wider range of social contexts. It is more psychological than physical, and it is often precipitated by struggles on the part of the child for power and more control in decision making. It may even be qualitatively different from child abuse and be merely an interpersonal struggle for power in a family where violence against people is accepted. Often it is associated with families undergoing the stress of underachieving goals, particularly financial goals.

According to Garbarino and Gilliam (1981), abused adolescents are more likely to be violent adults. Abused females are more likely to be abusive to their children and abused males are more likely to be violent towards their wives. Abused females are also more likely to become teenage mothers. Also, abused children are more likely to commit, or attempt, suicide. Most of all, adolescent maltreatment is characterized by society's incapacity to help. Many abused adolescents end up in prison. In their national study, Fisher and Berdie (1978) looked at U.S. rates of incidence and prevalence of adolescent maltreatment, reviewed the literature, and analysed adolescent services in 15 major U.S. cities. They found a general absence of specific programs and little use of programs emphasizing family supports.

Mention must also be made of a particular kind of adolescent abuse - sexual. One of our society's strongest taboos is against incest. The taboo appears to have restricted investigation of the subject. As is typical of any taboo, society is generally horrified by its occurrence and averse to even admitting its existence. Thus, the extent of the problem is unknown. So too its etiology, its case history characteristics, and its consequences remain largely uninvestigated. An exception is a study by Goodwin et al. (1981) who studied 100 "abusive" mothers and 500 "non-abusive" (control) mothers. Goodwin et al. cite incidences of "sexually stressful incidents" at 24% and 38% and actual incest as 3% and 24% for the two groups, with abusive mothers' rates of victimization being higher on both. Clinically reported cases tend to be between father and daughter and have a duration of several years. Goodwin et al. report "uncle" as major perpetrators with father, step-father, mother's boyfriend, and brothers being other perpetrators. The victim is generally 12 at first occurrence, but the "abuse" group was younger. The victim does not report it to authorities, but tends to leave home in order to escape the practice. There is speculation that it might be a factor in promiscuity and in teenage runaways. Goodwin (1981) states that there is agreement in the literature that it leads to problems in sexual adjustment, primarily frigidity, and that victim's daughters are likely in turn to become incest victims. In fact, clinical data suggest that an incest victim, when a mother, may be complacent if not actually provocative of her own daughter's victimization by incest (Summit & Kryso, 1978).

Because of the long history of poor parenting and maltreatment, family support programs with such families present a more difficult challenge than many situations involving younger children. In some cases the severity of the abuse (e.g., incest) may preclude supporting the adolescents in their own homes. In some cases support may mean supporting the abused adolescent in an out-of-the-home living arrangement. Program evidence of support services to families with adolescents at risk of being abused is limited.

3.3 Unmarried Mothers

Being a single mother, per se, does not increase the probability of being a maltreating parent (Garbarino & Crouter, 1978). Lacking adequate income, adequate housing and permanence increases the probability, but being a single mother increases the probability of having inadequate income, housing and permanency. If being a single mother makes you "high- risk", being an adolescent single mother makes you 'twice' the risk.

While the adolescent single mother may be considered "high-risk", the evidence does not indicate that "age" is the predictive characteristic. Following a comparative study of 50 child maltreating and 50 non- child maltreating families including teen mothers, from similar economically deprived circumstances, Earp and Ory conclude:

> "Contrary to the expectation that teen mothers would be less prepared for parenthood and thus more likely than non-teen mothers to maltreat their children, early motherhood, in this socioeconomically depressed population, was not associated with greater levels of social disorganization nor with an increased likelihood of maltreatment. However, as predicted, the presence of social disorganization within the family was strongly related to the occurrence of child maltreatment giving further support to previous research on the importance of the family and social setting factors in understanding child maltreatment" (Earp & Ory, 1980).

While the number of illegitimate births is not increasing in proportion to the number of fertile females, it is increasing as a proportion of births. More married women are choosing to have fewer children. The age of the unmarried mother is also decreasing. More unmarried mothers are deciding to keep their child. Numerous prevention programs have been directed towards this group, most involving collaboration between hospitals and child welfare authorities. For example, in North York the Catholic Children's Aid Society, Public Health Department and a local hospital offer prenatal support and instruction, and parenting classes. The project also conducts a home visit follow-up after one year.

Few empirical investigations of the effectiveness of services to unmarried mothers exist, despite the incidence of single parenthood as a characteristic of abusing parents. The findings are consistent nonetheless:

(1) tangible support, encouragement and reassurance are assessed as most effective;

(2) positive effects, and differences from control groups, have disappeared after two years.

A study of the effectiveness of different approaches to the treatment of unwed mothers in a child welfare agency concluded that the methods felt to be most effective were "offering encouragement and reassurance" rather than "reflective discussion or consideration" (Power & DeChiries, 1969 as quoted in Kadushin, 1979; corroborating O'Rourke, 1968). The study involved the random assignment of 91 single pregnant women to one of three different treatment conditions: tangible support, intensive individual casework, or intensive group counseling. Effectiveness was periodically assessed by a casework interview over a two-year period. While the tangible support groups were assessed as most effectively served, the majority from all three groups resumed their previous pattern of functioning.

This lack of durability of changes resulting from service to unwed mothers (attenuation), has been substantiated by several researchers. Howard (1968) states: "many girls had second babies within a short period of time". Klerman and Jeckel (1975) and Bennet and Bardon (1977) concur that attenuation was almost complete after two years (as reviewed in Kadushin, 1979).

While these studies deal with unwed mothers who gave up their babies, an identical pattern has been observed with regard to the attenuation of service impact upon unwed mothers who keep their children. Cartoof (1978) states: "two years after participation in the program almost half of the mothers have dropped out of school and half have experienced at least one more unintended pregnancy". Cartoof (1978) examined a multi-service agency in Boston which developed a continuing support procedure for unmarried mothers that included a follow-up visit to each mother on the average of once every three months. In this situation attenuation was reduced.

This attentuation of short-term effects of program intervention suggests that child welfare services are successful at meeting the immediate needs of adolescent mothers, but unable to "change" the client enough to prevent a recurrence of contact with the agencies, or to "break" a formative pattern of "welfare mother" (Kadushin, 1980). A tentative explanation of this can be proposed. Given that the interventions are typically case-based, once that casework support is removed, there are no familial, peer, or neighbourhood resources upon which to rely. This would imply that single mothers, particularly adolescent mothers would be in particular need of enduring support systems. In other words, to be effective over more than just the short term, services to unmarried mothers should stress establishing long-term informal or formal supports.

There is no reason to believe that the aforementioned is not true for services aimed at preventing or reducing child maltreatment. Although the evidence on attenuation is not specific to child abuse services, the nature of the client is the same and the nature of the supports provided is similar. To the extent that such services are sometimes provided in a group, there is the possibility of a peer support group being created, but there appears to be no attempt to build in the creation of, or the integration of, informal support systems for such girls, in spite of clinical experience which suggests that "problems" don't begin for these girls until "after mother has gone home".

3.4 Native Canadians

Intervention programs with native Canadians show a distinct pattern and are distinctly different from programs to non-native groups. Native children come into contact with the CAS, less as a result of direct physical abuse by a caregiver, than as a result of neglect and self abuse (Wichlacz et al., 1978). Neglected native children are often "technically" abandoned by intoxicated parents. They are described in the Children's Services' Newsletter as "lonely, scared or depressed children, especially those who feel like outcasts because their parents are intoxicated" (MCSS, 1982). Native children are also often involved in alcohol and solvent abuse, and have very high suicide rates. The lack of effective family support to natives is evidenced by the disproportionate number of native people in institutions. In the United States there are also 12 times as many children (proportional to non-natives) in institutional settings (Hull, 1982). Nevertheless, the personal characteristics of an "abusing" native parent are almost identical to those of a non-native abusing parent (Polansky, 1981). Hull (1982) describes the mother as:

> "immature, lacks parenting skills, low self esteem, high dependency, socially isolated, reluctant to seek help, self-abusive, lacks knowledge of appropriate child development, possesses few alternatives to corporal punishment".

In his review of the literature on child welfare services to natives, Hull (1982) cites the following interventions as effective:

(1) Volunteers and homemaker aides to teach basic parenting skills and urban survival skills;

(2) Family-centered services to reinforce traditional kinship network or neighborhood support groups to recreate (pseudo) kinship networks.

Lee (1982) describes three models for child welfare services to Native communities:

(1) Specialized Agency Delivery;

(2) Community-Based Delivery;

(3) Community Control.

> "The first is 'Specialized Agency Delivery'. This assumes that the service that the agency is providing is essentially sound, but cultural differences may make it 'culturally inaccessible' to the local Native population. Fear and distrust are seen as being based on misunderstandings of what the agency really is. Thus, it is felt that when intervention comes it arrives too late, when situations have deteriorated beyond recall. Consequently, the cycle of distrust and fear continues, and the likelihood of early positive action is rendered remote. It is assumed that a native social worker will be able to interpret the services in a manner less threatening than a white person. This is a model used with many ethnic groups, often with new Canadians. The specialized worker acts 'as a bridge' to make the traditional services more accessible." (Lee, 1982)

This model is best illustrated by the Ministry's pilot project in Rainy River which was expanded across the North in 1979. Pilot projects introduced native workers onto reserves to do "friendly visiting" and "service coordination" in order to reduce the proportionally higher number of native children being removed from reserves to foster home and adoption placements.

Most recently, an agreement was signed between the Curve Lake Indian Band, the Ministry and the Kawartha-Haliburton Children's Aid Society which would see the establishment of "culturally appropriate" child welfare services on the Peterborough-area reserve. According to an article on the program in the Newsletter of the Ministry of Community and Social Services, the long range goal is "that Band Councils should be working to develop the capacity that will allow them to take full control of native child welfare programs" (1982).

For the Curve Lake Indian Band this means developing child welfare policies and procedures that respond to the special needs of native children, establishing emergency foster homes within the community to avoid removal of any child from the reserve, assuming responsibility for day-to-day services to families, and providing support to reduce the incidence of family crises. This is in contrast to the historical relationship between the band and the CAS. According to the Newsletter, "in the past, the Curve Lake community only approached the Society during a crisis -- the Band thought of the CAS as a group that just came in and removed the children from the reserve" (1982).

The native child care worker initially focused her attention on recruiting reserve families willing to provide emergency foster care. Once adequate emergency receiving and foster homes are established, other priorities will include developing some sort of adoption capability on the reserve, introducing more family support and recreational programs and organizing new resources, like counselling, specifically for the reserve's adolescent population.

> "The second service model is 'Community-Based Delivery'. This model assumes basic services are appropriate but that to be relevant to the target population they must be framed and delivered within the experiences and values of the community. Essentially two ways of achieving this end have been developed:
>
> (1) Community representatives on agency boards;
>
> (2) A decentralized office within the target community, usually, though not always, staffed by indigenous people." (Lee, 1982)

Two examples of the application of this model are in Grassy Narrows and in Kenora. In Grassy Narrows, a Crisis Intervention Team patrols the reserve and staffs a crisis house. According to the Ministry's Newsletter, in the first year there was a "57% decline in violent deaths, a 65% reduction in attempted suicides and an 88% drop in the delinquency rate" (1981). In Kenora, a Friendship Centre is a native run organization offering native-oriented cultural and social programming as well as court services and street violence prevention. The prevention program is similar to that of Grassy Narrows except that it takes place on the streets of Kenora.

> "The third model is 'Community Control' and has two assumptions. First, traditional methods of service delivery have simply not worked well for native people. Second, native people are growing more confident in their ability to handle their own affairs. Native children are seen as primary resources in any resurgence in native pride and culture. It is essential then that they be cared for and educated by native people according to native traditions and values. Thus, native child welfare services must be developed (and delivered) by the native communities so that services will deeply reflect 'the native way'." (Lee, 1982)

Perhaps the most developed of CAS programming for natives is in Manitoba, where some bands have their own CAS. This came about in stages. Initially they had a regional CAS intake and prevention centre on the reserve (one of three "feeding" a central society which provided statutory and family treatment services). As part of the community "resource centre", they had a "community advisory group" directing the centre and having representation on the CAS board. Over a period of ten years, the board developed the skills to evolve the centre into a separate CAS.

A study by Wichlacz et al. (1978) describes a community approach to service coordination on a reserve in South Dakota. Maltreatment decreased almost 50% and the need for emergency foster care placements was reduced by 42%. Through the introduction of an emergency receiving home in conjunction with a Reservation Community Child Protection team to coordinate services and to implement a tracking and follow-up system, "the inter- agency, multi-disciplinary team increased the quantity and quality of services to families and children through a more efficient and effective use of existing resources" (Wichlacz et al., 1978).

The United States have an Indian Child Welfare Act which became effective in 1979, apparently returning to tribes the responsibility for jurisdiction over American Indian children, both on and off the reservation. For a detailed discussion of its possible implications, see: Fischler, R., "Protecting Indian Children", and Blanchard & Birsch, "What is best for tribal children? A response to Fischler", in Social Work, 25(4):1980.

The program evidence suggests that the use of embedded supports is a successful if not a necessary element in service to native Canadians. It also demonstrates that child welfare authorities can effectively access these supports to better provide child welfare services to natives. The situation has been well summarized by a Native American social worker, discussing a "reserve board" child care program:

> "The parents' knowledge that their child will be raised within their culture encourages active participation in permanency planning".
>
> [Goodluck, 1980]

3.5 Rural Families

In rural areas, formal service systems tend to be fragmented and located far from the client population. This interferes with effective service delivery. Many programs, especially more specialized ones, need large populations for support and are therefore generally located in cities. Consequently, rural residents must often leave their communities to obtain services.

Services available to rural families usually have administrative offices outside the community. The implications for service delivery are well described by Jenkins and Cook (1981):

> "Availability of staff may be limited because of the large area to be covered. Agencies whose primary administrative base is elsewhere use several patterns of service delivery to reach small communities, including the 'outstation' model and the 'circuit-riding' model. In the outstation model, the worker is stationed in the small community on a full-time basis but receives administrative services from outside the community. The circuit-riding model involves a worker or group of workers who move from small community to small community, providing one day of service weekly, bi-weekly, or monthly."

According to Conklin (1980), this has resulted in rural families finding indigenous solutions to the need for care-giving services:

> "Rural communities were initially formed around kinship lines, religious affiliation, or race and were then strengthened by the development of government, schools, industry, and trade. Rural communities are thus characterized by generally stable social structures. Informal community helping networks have developed partly in response to the limited delivery of formal social services and the scarcity of facilities. When assistance is necessary, rural communities often depend on particular individuals who, because of their status, are identified as community care-givers."

Such helpers are recognized for their involvement and visibility in community affairs. They often directly intervene in problems such as family quarrels, child neglect, and truancy.

This use by rural families of "natural helpers" within their own community is supported by Jenkins and Cook (1981):

> "Although residents of rural communities experience many of the same needs as do urban dwellers, they do not have the network of professional helping services available to urban populations. Residents of rural communities typically rely on informal support systems in times of need. The natural helper is a significant part of such informal support systems. Natural helping systems (often referred to as primary helping networks) are thought to have contributed significantly to the survival of families in

> isolated areas. These networks are rooted in and sanctioned by the community. They operate out of concern for and familiarity with the people or families needing help. Unwritten but widely known rules regulate the types of problems and people eligible for help. However, in a crisis, anyone is eligible for assistance from this system".

Johnson et al., (1977) have discussed the concept of volunteerism in a rural context. Rural people see helping as natural or their "Christian duty" and may give hours of their time in a helping relationship. However, the concept of volunteerism is foreign to them, and they may resist efforts to organize or train volunteers. Therefore, traditional ways of working with volunteers may be inappropriate in rural settings.

Johnson et al., (1977) have discussed the negative influence of professionals and formal organizations on established natural helping networks. They observe that agents of formal services often try to impose a program designed for an urban setting on rural people, ignoring rural values and attitudes.

Sefcik and Ormsby (1978) suggest that for the aforementioned reasons, child maltreatment is under-reported in rural areas, and social supports are more difficult to provide:

> "That children are abused, neglected and sexually exploited in rural as well as urban areas has been documented, recognized and accepted in all research into child abuse and neglect. Individuals, agencies and professionals in nonurban communities are also aware of local instances of child maltreatment. Yet historically child abuse prevention and treatment programs have been extremely difficult to organize, fund and implement in the rural setting....
>
> Rural community attitudes, based largely on misconceptions regarding child abuse/neglect and maltreating parents, are a significant factor. A lack of awareness of and education about the incidence and impact of child abuse/neglect and its 'spin-off' problems in the community (truancy, juvenile delinquency, crime, etc.) contributes to a lack of concern and, therefore, a lack of involvement and support. Small- town conservatism, the perceived threat to parental rights and family privacy, fear of becoming involved through reporting, lack of knowledge regarding the law and reporting procedures, small-town politics and power structures, the geographic scattering of the population, and scarce or inaccessible resources - all play a part in impeding the development of a rural child protection program".

The literature describes several attempts to use these "natural helpers" to either augment existing formal services (Conklin, 1980), or to augment existing informal services (Kelly et al., 1977; Ehrlich et al., 1981; D'Agelli and Ehrlich, 1982). The evidence for the efficacy of such approaches is more impressionistic than empirical, but it is consistent: social supports are more effectively provided in rural communities by utilizing local natural support networks. The conclusion of a study in rural Indiana states: "the most significant factor was learning to work with people, both professional and lay, in a manner non-threatening to the small community" (Sefcik and Ormsby, 1978).

In describing the use of natural helpers by the department of public health in Illinois, Conklin (1980) observes:

> "These women, who had previously provided voluntary assistance, were hired to make regular visits to the homes of selected individuals and families to instruct them in daily living skills. These aides met little resistance because they were known and accepted as helpers in the community.... The health department nurse may function as a community helper in addition to doing other professional duties. Rural people in trouble often turn first to a nurse".

Kelly et al., (1977) describes the training of 20 "natural helpers" in rural Iowa. These included: housewives, highschool guidance counsellor, school nurse, minister, and funeral director. They were trained to be "better helpers". A mail follow-up 18 months later responded to by 60% of the trainees indicated that most had improved in helping skills and were utilizing them in delivering family and individual support.

The help provided (as reported by the helper) is often "just listening" and "trying to understand" (D'Agelli and Ehrlich, 1982; Young et al., 1982). It is often done over the phone or at work, and there is strong evidence that "friends" are sought out for concrete assistance far more than "family", who are usually sought out for advice and referrals to professionals (Horowitz, 1978; D'Agelli and Ehrlich, 1982). There is also evidence that the smaller the community, the more opportunity to use natural helpers:

> "The path analysis results suggested that larger communities are associated with lower average social support and a pattern of social interaction which limits social participation and, in turn, network size." (Oxley et al., 1981)

This is not to suggest that the use of natural networks is the only efficacious mode of service delivery in rural areas.

Both Barozzi et al., (1982) and David and Kelly, (1982) describe forming support groups for child welfare clients in rural areas. Both programs, one in rural Hawaii and the other in rural Ontario, indicate good attendance and positive client evaluations.

The observations in the literature, and the limited empirical evidence available, suggest that rural families belong to a distinct "culture", with the consequence that the more the community can identify with the helper, the greater the degree of success in social support provision. The simple logistics of rural social work also suggest making extensive use of natural helping networks for referral, ongoing support, and prevention, wherever possible.

3.6 Ethnic Minorities

Unlike most native Americans and rural families, ethnic minorities are not separated from formal support systems by "physical distance". They are, though, isolated by "cultural distance". In the case of recent immigrants, they may also be separated by an unfamiliarity with the formal social supports for families operating in the host environment.

North Americans have experienced technological developments and urbanization more rapidly than people in many countries. Informal "helping" networks of the "pre-urbanizational era" have been replaced by formal social support services designed to "help" individuals and families. North America continues to attract immigrants from many less urban and less industrialized countries where informal helping networks are still very much utilized for problem resolution. Therefore, formal helping systems may be quite unfamiliar to many immigrants.

For these reasons, ethnic minorities tend to use their extended family as the front-line "gatekeeper" for initial advice and evaluation. Partly because of the central place of family in their lives, these groups tend to view problematic behavior of children or parents as "belonging to the family's sphere of influence ... professionals are thus likely to see these problems only when they have reached a greater degree of sensitivity" (Fandetti and Gelfand, 1978). In their study of Italian and Polish groups, Fandetti and Gelfand found that the family physician was the primary professional in the social support network. But, like Dohrenwend's (1976) study of child maltreatment among four ethnic groups, they caution that conclusions are based on studies done in relatively homogeneous ethnic neighborhoods. The use of social supports by third and fourth generation families of ethnic minorities, many of whom live in the suburbs, is not known.

A services "model" used with ethnic minorities is the use of an interpreter as a "last resort", as in the case described by Baker (1981) with Indo-Chinese immigrants. A second approach used cultural sensitivity groups for social service personnel (Herberg, 1980) as one technique to meet the service needs of Caribbean immigrants. The three service models for Native Americans described by Lee (1982) are also used. While not applicable in Ontario to children's aid societies, the ethnic agency is a dominant social service model for more "established" ethnic minorities and is analogous to the "community control" model described by Lee.

Jenkins, in a systematic study of fifty-four "ethnic minority" human services agencies in several states, concluded that these agencies remedied serious deficits in traditional methods of service delivery. She also noted the following:

> "As we examine 'what worked' in the ethnic agencies, it is apparent that many of the examples related to primary-group functions. The ethnic agency stressed family supports, encouraging parents to accept responsibility for their own children, maintenance of own languages, career advancement for own clients, accommodations of traditional myths to meet service needs, and recruitment of minority adoptive and foster parents" (Jenkins, 1980).

In communities where such organizations exist, they are often relied upon quite heavily by child protection workers in accessing, or connecting, services for clients. Such an agency can even become the focus of programs to a wide range of ethnic groups. Toronto's COSTI* is an excellent example. In addition, specialized services can be developed "with" the ethnic minority community to meet specific needs. This has been one method used in Ontario to better provide child protection services to the Franco-Ontarians in eastern Ontario, and has resulted in drop-in centres for adolescents, translation services, parent education, volunteer recruitment, telecare, counsellors, day care and toy libraries, all operated by and for Franco-Ontarians.

Franco-Ontarians, like other established ethnic minorities, often form a sizable proportion of their respective communities and are well represented on agency boards and professional communities. Children's aid society boards have the opportunity to recruit members from ethnic minorities in their communities in order to increase the linkages between agency services and the embedded support systems, both formal and informal, in the ethnic community. This is what Lee (1982) calls "community-based delivery".

A final model for service delivery is (Lee's) "specialized agency delivery". Essentially this means hiring a member of the ethnic minority to provide agency services to that minority. This is really "all" that an ethnic service organization does. To illustrate the efficacy of this approach, and because of its parallels to the provision of services to Native Canadians and to rural families, a recent project delivering services to Caribbean immigrants will be discussed in some detail.

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* COSTI - Italian Immigrant Aid Society.

As the number of West Indian immigrants settling in Toronto increased, so did the number of families requesting service from the Family Service Association (FSA). "These families were experiencing multiple difficulties but were failing to remain in contact with the agency" (Herberg, 1980).

The goals of this Project were:

(1) To sensitize staff within the agency through training programmes;

(2) To extend this sensitization to other professionals in Metro community agencies and institutions.

The Project entailed hiring a West Indian worker whose initial duty was that of outreach to community agencies and institutions having contact with West Indian families. A large percentage of families lived in the immediate vicinity of the Downsview office, where the project was based. Downsview had a high concentration of publically subsidized housing.

> "At the outset of the Project there were clients from as far away as Barrie, Oakville and Oshawa who had insisted on coming to the Downsview office because West Indian counsellors were not available in their respective communities... Other potential clients were referred to agencies within their own communities; in such cases the two West Indian counsellors in the Downsview office acted as consultants to counsellors in these other communities" (Herberg, 1980).

The largest number of clients came to the agency through the advice of friends, which the authors suggest is "an attempt by West Indians to maintain the system of informal helping networks, and/or the importance placed on the spoken word vis-a-vis the written". There was no evidence of a client coming to the agency as a result of the community-wide distribution of flyers.

> "... The next highest source of referrals was from staff within the school system. This is strong confirmation of a suspicion many professionals have that a high percentage of West Indian school-age children are experiencing adjustment difficulties" (Herberg, 1980).

There is a common problem of Caribbean immigrants who come into contact with the CAS. It has been referred to as the "Jamaican Syndrome" (Ministry Official, personal communication). It is summarized by the findings of the FSA project:

> "The outstanding phenomenon we observed throughout the Project was the great number of children who had been separated from their parent(s)... Only 16% had migrated to Canada at the same time as their parent(s)" (Herberg, 1980).

A random sample of West Indian cases served throughout other FSA agency offices indicated that clients involved in the project received more counselling sessions than clients in other offices of the agency. Essentially, the project demonstrated a means to meet the agency objective of "ethnic families remaining in contact with the FSA". In terms of day-to-day protective services by the CAS, it appears that bilingual and bicultural workers may be the most efficacious means of delivering social supports to families belonging to ethnic minorities.

3.7 Summary

There is little evidence on how best to provide social supports to adolescents and their families. There is evidence that effective parenting and reduced child maltreatment can be accomplished through the provision of traditional social supports to unmarried mothers. But the evidence also indicates attenuation of effects after the supports are withdrawn.

There are many programs which make use of the knowledge of a group's culture and a group's formal and informal social support systems which attempt to deal effectively with culturally distinct families such as Native Canadians, ethnic minorities, and families living in rural communities.

It is important that adequate support be provided for workers in 'cultural' projects such as the FSA project for West Indians.

> "While staff and administration can identify and relate to many issues involved in the integration of a special project into the programmes of a social agency, issues relating to integrating the project worker into the agency's professional team are often less identifiable and receive less attention.... The successful implementation of a special project is dependent on the integration of the project

> worker as a member of the professional team through a well defined plan of ongoing support and communication".

> "As our Project gained community recognition and credibility, the worker came to be seen as an 'expert' in all matters involving West Indians, as well as a professional having endless resources... Very often there were inappropriate requests. These indicated that the community expectation of the worker was to:
>
> (a) be always available
>
> (b) be always open to accepting referrals
>
> (c) be always successful with clients
>
> (d) advocate within the agency and in the community at large for meeting all the needs of all West Indians. When these inflated expectations were not fully met, the worker was often declared to be negligent. It is for such reasons that the agency had to ensure ongoing support for the Project work to prevent the worker succumbing to stress. This support also provided the opportunity for the agency to become aware of the many needs; identified those areas of need which could realistically be met; clarified agency role and responsibility; helped to keep the focus on the objectives of the project and facilitated further planning of agency activities in regard to serving this client group and other minority groups" (Herberg, 1980).

Similar situations arise in special projects implemented in rural areas (Sefcik and Ormsby, 1978). The most important conclusion to be drawn from work with culturally distinct groups is that the social supports that they require are not "different" and that their "different" patterns of domestic organization and family relationships are not "pathological", only culturally foreign to white, middle-class Canadian social workers. This conclusion is well expressed in the FSA study:

> "At the outset of our project we assumed that generic casework and group work were, by and large, ineffective counselling techniques when working with West Indian clients... However, we soon discovered that these techniques, traditional to the practice of helping professionals, are effective with this client group and that it is the engagement of the client which is crucial to effective service delivery".

> "Most West Indian clients entering the counselling situation, we found, were usually referred by an 'authority' figure or agency due to a crisis. Therefore, the client's emotional stance at intake is likely to be one of very mixed feelings - ambivalence, despair, helplessness, fear, embarrassment and, predominantly, anger."

> "... The first strength of the Black West Indian family is its extended rather than nuclear structure.... West Indian families are characterized by a supportive bond and frequent interaction between family members outside the immediate family residence.... Children know that the adult members of the community are concerned about and have the same expectations of them as do their parents.... In many areas 'communal' support continues to operate as a powerful stabilizing force for each family.... Because of the close supportive relationship in this extended system, families and individuals are assured of help at times of crisis.... Thus 'adoptions' take place between siblings and in times of extreme hardship entire households are cared for by members of the extended family" (Herberg, 1980).

It is important to realize in dealing with "hard to reach" clients, that they may be part of a group with strong formal and informal embedded supports which can be drawn upon by the CAS to deliver services. While it may be relevant to use "Created-Informal" supports (such as self-help peer groups) for adolescents and single mothers, or to link unmarried mothers to the "Embedded-Formal" supports of the medical and public health system, such methods appear particularly appropriate for culturally distinct groups. The "Formal-Embedded" supports of these communities can be accessed to form a "partnership" in service delivery, such as in the case of Native Canadians. The "Informal-Embedded" supports of rural natural helpers can also be used. The strengths of these communities can be accessed to help deliver services through ethnic (or linguistic) group representation in the CAS, such as with Franco-Ontarians. Alternatively, bilingual and bicultural agency representatives can provide the services. Whatever the model, the cultural distinctiveness may be perceived as an important strength, and the worker(s) should be given adequate agency support. Once the efficacy of a minority's cultural distinctiveness is accepted, it appears that traditional service models providing traditional social supports are potentially effective with minorities. The "trick" is getting close enough (being accepted) to provide "tried and true" core services. It is the use of embedded support systems which wins the worker acceptability.

3.8 References

- ON ADOLESCENCE -

Fisher, B. & Berdie, J.
Adolescent Abuse and Neglect: Issues of Incidence, Intervention and Social Delivery"
Child Abuse and Neglect, 2(3):1978.

Garbarino, James & Carson, B.
"Mistreated Youth in One Community"
Boys Town, Neb.: Center for the Study of Youth Development, 1979.

Garbarino, James & Gilliam, Gwen
Understanding Abusive Families
Lexington Books, Toronto: 1981.

Goodwin, et al.
"Prior Incest in Mothers of Abused Children"
Child Abuse and Neglect, 5(1):1981.

Libbey, Patricia & Bybee, Roger
"The Physical Abuse of Adolescents"
Journal of Social Issues, 35(2):1979.

Lourie, Ira
"Family Dynamics and the Abuse of Adolescents"
Child Abuse and Neglect, 3(4):1979.

Summit, R. & Kryso, J.
"Sexual Abuse of Children: A Clinical Spectrum"
American Journal of Orthopsychiatry, 48(3):1978.

- SINGLE MOTHERS -

Cartoof, Virginia
"Post Partum Services for Adolescent Mothers"
Child Welfare, 57(12):1978.

Earp, J. & Ory, M.
"The Influence of Early Parenting on Child Maltreatment"
Child Abuse and Neglect, 4(4):1980.

Garbarino, James & Crouter, Ann
"Defining the Community Context for Parent-Child Relations: The Correlates of Child Maltreatment"
Child Development, 49(6):1978.

Kadushin, A.
Child Welfare Services
Toronto: MacMillan, 1979.

Zuckler, J. & Brondstadt, W.
The Teenage Pregnant Girl
Springfield, Ill.: Charles C. Thomas, 1975.

- CULTURAL DIFFERENCES -

Garbarino, James & Ebata, Aaron
"On the Significance of Cultural Differences in Child Maltreatment" Unpublished Study, 1982.

- NATIVE CANADIANS -

Blanchard, and Birsch
"What is best for tribal children? A response to Fischler",
Social Work, 25(4):1980.

Fischler, R.
"Protecting Indian Children",
Social Work, 25(4):1980.

Goodluck, C. & Short, D.
"Working with American Indian Parents"
Social Casework, 61(8):1980.

Hull, Grafton
"Child Welfare Services to Native Americans"
Social Casework, Vol. 63(6):1982

Lee, Bill
"Three Models of Child Welfare Services to Native Communities"
OACAS Journal, 26(8):1982.

Ministry of Community & Social Services
Children's Services Newsletter, Vol. 5, No. 1:1981, &
Vol. 6, No. 2& 4:1982.

Polansky, Norman
Damaged Parents: An Anatomy of Child Neglect
Chicago: University of Chicago Press, 1981.

Wichlacz, Lane, J. & Kempe, H.
"Indian Child Welfare: A Community Team Approach to Protective Services"
Child Abuse and Neglect, 2(1):1978.

- RURAL FAMILIES -

Barozzi, *et al*.
"A Family Agency Integrates Advocacy, Counselling, and FLE"
Social Casework, 63(4):1982.

Conklin, Carol
"Rural Community Care Givers"
Social Work, 25:(6):1980.

D'Agelli, A. & Ehrlich, R.
"Evaluation of a Community-Based System for Training Natural Helpers"
American Journal of Community Psychology, 10(4):1982.

David, P. & Kelly, T.
"An Innovative Approach to Parenting in a Rural Community"
OACAS Journal, 26(8):1982.

Ehrlich, *et al*.
"Evaluation of a Community-Based System for Training Natural Helpers",
American Journal of Community Psychology, 9(3):1981.

Horowitz, Allan
"Family, Kin and Friend Networks in Psychiatric Help-Seeking"
Social Science and Medicine, 12(4):1978

Jenkins, L., & Cook, A.
"The Rural Hospice: Integrating Formal and Informal Helping Systems"
Social Work, 26(5):1981.

Johnson, L. *et al*.
Human Services and Resource Networks
San Francisco: Jossey-Bass, 1977.

Kelley, *et al*.
"Training Helpers in Rural Mental Health Delivery"
Social Work, 22(3):1977.

Oxley, *et al*.
"Relationships Among Community Size, Mediators, and Social Support Variables: A Path Analytic Approach"
American Journal of Community Psychology, 9(6):1981.

Sefcik, T. and Ormsby, N.
"Establishing a Rural Child Abuse/Neglect Treatment Program"
Child Welfare, 57(3):1978.

Young, *et al.*
"Natural Networks: Help-giving and help-seeking: Two Rural Communities"
American Journal of Community Psychology, 10(4):1982.

- ETHNIC MINORITIES -

Baker, Nicholas
"Social Work Through an Interpreter"
Social Work, 26(5):1981.

Cross, Crispin
Ethnic Minorities in the Inner City
London: Commission for Racial Equality: 1978.

Dohrenwend, B. & Dohrenwend, B.
Social Status and Psychological Disorder
New York: Wiley-Interscience: 1976.

Fandetti, D. & Gelfand, D.
"Attitudes Towards Symptoms and Services in the Ethnic Family and Neighborhood"
American Journal of Orthopsychiatry, 48(3):1978.

Herberg, Edward
West Indians in Toronto: Implications for Helping Professionals Toronto: Family Service Association of Metro Toronto: 1980.

Jenkins, Shirley
"The Ethnic Agency Defined",
Social Service Review, 54(4):1980.

Morales, Armando
"Social Work with Third World People"
Social Work, 26(1):1981.

Chapter Four

INTERVENTIONS WITH MALTREATING FAMILIES: PROGRAMMATIC RESPONSES

Mr. G. Cameron

4.1 Introduction

In the context of this study, the definition of family support is quite straightforward. Family support is the provision of supports to families in order to prevent child maltreatment, enable a family to cope with its child care responsibilities, and re-establish and support a child within a natural family setting.

> "... There is much evidence that child maltreatment occurs most frequently among families encapsulated in a ring of privacy so thick that it functions as a barricade against the 'normal' outside social world" (Garbarino, 1979).
>
> "Here the task is to penetrate this barricade - a task that requires examining and modifying the forces within the family that maintain the wall and at the same time finding openings to outside resources" (Gottlieb, 1981).

A caution has been raised against exaggerating the merits of social supports or propagating inflated expectations of their impact on social problems (Levine and Perkins, 1980). What is required is a reasoned estimate and investigation of the actual and potential contributions of family support interventions in order to increase access to the benefits they can provide to families (Mitchell & Hurley Jr., 1981).

In considering the development of support interventions for families-at-risk, there should be an awareness of the "multiplicity and complexity of factors" involved. "One size does not fit all" and "simplistic formulas or ideologies for what works and what does not work have no place in this arena. Many factors -- cultural, psychological, legal, professional, economic, political and institutional -- complicate assessment and planning" (Sinonoglu, 1981). James K. Whittaker (1981) "cautions against putting too much hope on finding simple solutions to complex problems" (p.69).

Why do agencies become involved in social support interventions to families? Froland et al.,in reviewing the involvement of thirty social agencies with informal supports concluded:

> "The main goals the thirty agencies expected to achieve were more responsiveness to clients and greater efficiency in service delivery. They

> believed that mutual participation among providers, consumers and significant others in the determination of needs and the joint use of professional and informal resources would result in a more appropriate response to problems along with a more sparing application of scarce energy rewards" (Froland et al., 1981).

A political and economic motivation for emphasizing family support alternatives is frequently the reduction of demand upon agency resources and anticipated cost-savings. The desire to ascertain the extent to which these are reasonable expectations of family support programs is one of the motivating factors for this chapter.

This chapter begins with a presentation and discussion of the conclusions drawn by other reviewers of the program evidence on family support. This is followed by an in-depth discussion and interpretation of the evidence from the programs reviewed for this study. This discussion has three components:

(1) A review of formal support program evidence:

(2) The CAS program evidence;

(3) Informal support program evidence.

The discussion in this section is cross-indexed with the program summaries in the addendum to this chapter which are numbered from 1 to 86.

Primary and secondary sources of program information were reviewed for this report to accumulate project descriptions and project evaluations for 86 family support projects. Utilizing the typologies developed in Chapter Two, major patterns in this evidence and their implications for family support interventions are discussed. Some of the major program evidence reviewed for this state-of-the-art report has also been reviewed by other researchers.

It is clear that the evidence is subject to different interpretations. There are authors who interpret the programmatic evidence of success as very limited and the possibilities for successful action constrained (Kadushin, 1979; Magura, 1981). Other equally reputable authors reviewing the same evidence are much more positive about the possibilities of permanency planning and maintaining children in their own homes (Maybanks and Bryce, 1978; Garbarino and Stocking, 1980; Maluccio et al., 1981; Stein et al., 1978). Stephen Magura (1981) discussed seven family support projects whch have been incorporated into this review of the evidence and drew more pessimistic conclusions from this evidence than the authors of this report.

The expected return from most reviews of the research evidence in an area of social science application is modest; often the portrait painted by the research is inconclusive and contradictory. Yet in spite of the differences in interpretation just cited, the research evidence, while general, did point to some definite patterns in both the methods and impact of family support programs. These patterns are presented in this chapter.

4.2 Overview of the Program Reviews

The Berkeley Planning Associates (Cohn, 1979a, 1979b) undertook a formal forty-month evaluation of "eleven three-year child abuse and neglect service projects entitled The National Demonstration Program on Child Abuse and Neglect".

> "Most of the 1,724 cases were referred to the project from social service agencies, schools, hospitals and neighbours or acquaintances; close to 10% were self-referrals. Twenty-eight percent of the cases were labelled as high risk or potential cases; an additional 14% were identified as emotional abusers and neglectors. Four percent of the cases involved sexual abuse. The remaining 54% of the cases had physically maltreated their children ... 31% by physical abuse, 20% by physical neglect and 3% by a combination of both" (Cohn, 1979b).
>
> "Clients, on average, were in treatment six to seven months and had contact with a service provider about once per week. Approximately 30% of the clients received a treatment package which included lay services (lay counselling and Parents Anonymous) along with individual counselling or case management and other services. Only 12% received a group treatment package (including group therapy or parent education classes) along with other services, and over half (54%) received an individual counselling model of service which excluded any lay or group services... Most full time workers in the demonstration projects carried twenty to twenty-five cases." (Cohn, 1979b).

Before proceeding with a presentation of the results and conclusions of the Berkeley Planning Associates study, it is important to point out some apparently major differences between the "demonstration" projects evaluated in the Berkeley study and the projects reviewed for this study. More than 50% of the

Berkeley clients received only casework counselling once per week, on average. The pattern for successful interventions in this study's review indicates that a larger variety of services and support were provided to the family and in substantially greater quantities (between 5 and 30 hours per week) than is usual. The typical worker in the Berkeley review carried twenty to twentyfive cases. In our review of reportedly successful programs the workers carried, as a rule, eleven cases or less. Our review suggests that the amount of support, the provision of various types of social support and the availability of supports to the family are central considerations in the successful provision of family support. One could argue that the projects reviewed by the Berkeley Planning Associates more closely resemble "mainline" child protection services for families-at-risk than they do the reportedly more successful programs in this review. As such, they may provide a useful point of contrast between what outcomes would be expected from "normal" child protection family support interventions and more intensive interventions. As a result of their review of these eleven child abuse and neglect demonstration programs, the Berkeley Planning Associates concluded the following:

(1) "Of the 1,724 parents studied, 30% were reported, while in treatment, to have severely abused or neglected their children" (1979a);

(2) "The single best predictor of reincidence appeared to be the severity of the case at intake" (1979a);

(3) "Reincidence was lowest in those projects which utilized highly trained workers to handle the intake, initial diagnosis, and planning of treatment" (1979a);

(4) "Among the 1,190 parents from eight projects in which substantial data on propensity (to abuse) were available, workers reported that only 42% had a reduced potential for future abuse or neglect ... In other words, when judged, they had been successful with less than half their cases" (propensity was based upon workers' judgement ... if actual incidents of real abuse and neglect are used, only 30% reincidence is reported during the contact period) (1979a);

(5) "The experience of demonstration projects did not point to a single best method of service delivery ... However, clients receiving lay services ... as part of a service package were more frequently reported to have reduced propensity than clients not receiving these services ... The lay counselor or parent aide carries a small caseload (from one to three clients) and thus has more energy and time to give to each client (1979a) ... A treatment service model that includes lay services ... costs ... approximately $2600 a year for

each successful case versus $4700 a year for each successful case for the individual counselling model" (1979a);

(6) The findings indicated that a substantial number of problems were exhibited by maltreated children; the children were as much in need of treatment as the parents;

(7) "Cases in treatment for at least six months (and generally no longer than 12 to 18 months) were more likely to have reduced propensity for future abuse by the end of treatment" (46% versus 22% of those in treatment under six months) (1979b);

(8) "Workers with smaller caseloads (closer to 20 than 40) provide higher quality case management. they also appear to have more success with their cases" (40% versus 30% perceived propensity to reabuse) (1979a);

(9) "A number of other case handling variables ... were rated as essential elements of quality case management: immediate (same day) contacting of client, contacting the referral as a source of background information, use of a multidisciplinary team review during intake to guarantee a comprehensive treatment plan, the ongoing use of consultants from various disciplines, maintaining weekly contact between the case manager and the client, follow-up four to six weeks after termination" (1979b).

Kadushin (1979) describes the following study which can be taken as indicative of the impact of mainline protective services:

> "The Comptroller General's office conducted a study (1976) of protective service outcomes. Selecting ten public welfare agencies in six states, they drew a sample of records in each location for each of three periods between June 1972 and June 1973 for a total of 724 cases overall. Case records were examined, and case evaluation was made as to the child's circumstances... Similar levels of assessment were made from the record material on the child's physical and emotional well-being".
>
> "... a child was generally in a 'serious' or 'critical' situation at case opening and that the child's situation generally improved after case opening, the percentage of younger children achieving improvement being significantly greater than that of older children. At opening, only 36 per cent of the children were in 'fragile' or 'satisfactory' situations. At

> the end of the study, 73 per cent were in a 'fragile' or a 'satisfactory' situation, indicating improvement in the situation for some 37 per cent of the children served."

As part of the Child Epidemiology Unit, Progress Report No. 2, Chedoke Hospital Prevention Project, September 1982, R.E. Helfer reviewed the literature and research on the prevention of child abuse and neglect. In contrast with this study's review, Helfer focussed more on health and medical programming and more upon primary prevention projects. He commented that "over 85% of the reports were proposals for or descriptions of interventions to prevent maltreatment and the standard evidence provided was based on "face validity". Nonetheless, Helfer (p. 17) is able to draw some definite conclusions:

> "This reviewer must conclude that the prevention of many forms of child abuse and neglect is achievable if, and only if, the approach is multifaceted ... Concurrent manoeuvres must include some combination of:
>
> (1) a community consortium committed to the dictum that family violence in their community is unacceptable;
>
> (2) a mass-media, never-ending campaign to educate the public on this dictum;
>
> (3) a major change in our health services to include some form of training for all new parents in the art of communicating with one's new baby;
>
> (4) a home health visitor program for all new parents for the one to two years after the birth of the firstborn child;
>
> (5) an early child development program for all preschool children run by churches, schools, community colleges or whomever;
>
> (6) an interpersonal skills program ... in the public schools built upon simple skills in grade school advancing to courses in sexuality and parenting in high school;
>
> (7) an adult education program for two levels of young adults ... those who had a positive rearing and want a refresher course in childhood before they become parents and those whose childhood was very minimal who need a 'crash course in childhood' before prevention is undertaken."

Stephen Magura of the Child Welfare League of America, having recently completed an evaluation of the Hudson County Preventive Service Project (32) reviewed seven additional family support projects in order to corroborate the findings from the original Hudson evaluation. As indicated previously, Magura's interpretation of this additional project evidence differs from that of this report. Both Magura's conclusions and the reasons for our different interpretation are presented below. The effectiveness evidence from the Hudson County project is more negative than that from the review of the other seven projects. At the time of the review 23 families had been served by the project. No statistical differences were found between the number of children placed by prevention project staff and the number of children who required placement from either of the two control groups receiving "regular" child protection services (17%, 13%, 11%). Families serviced by the project received an average of $1,500 worth of casework time per year while the control group received $500. The value of purchased services (e.g., homemaker, medical) received by project clients was also higher than for the controls (Magura, 1981). While the information provided (Children and Youth Services Review, vol. 3, 1981) is not complete, it appears that there may be significant differences between this program and some of the family support programs with reported positive impact on child abuse and neglect. Most of the "successful" programs report what appears to be a broader range of interventions and supports provided to families (1,7,10,11,13,14, 17,19,26,29). Some of these comparative programs report similar program costs (7, 10, 17), while others report substantially higher costs per client per year which range from $4,000 (13) to $10,000 (15) and which indicate a much higher level of service provided. The evidence available for this review did not permit a final conclusion about the exact ways the Hudson County project differed from the reportedly successful projects or even that, in fact, that they were substantially different. Yet the evidence covered in Chapter Two and in this chapter suggests that the types of social supports provided and the amount of social support provided are important influences upon the success of family support efforts. These are important variables to measure in family support program description and evaluation. Based upon his review of these eight prevention projects, Magura draws the following conclusions:

(1) "For the crisis intervention projects ... placement rates were low, ranging from 6% to 36% ... All the projects intended to deal with those crisis situations that ordinarily precipitate placement ... With the exception of C.E.S. (1) none of the projects used control or comparison groups of any kind, so that it is impossible to know whether all or even most of the families served would have had children placed in the absence of special intervention" (p. 199). [Yet the evaluation of Comprehensive Emergency Services (1) reported almost a 50% decline in temporary out-of-home

> the end of the study, 73 per cent were in a 'fragile' or a 'satisfactory' situation, indicating improvement in the situation for some 37 per cent of the children served."

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placements following inception of the program (p. 195). Magura correctly observes that some projects may be screening out the highest risk clients. He argues that we cannot determine how preventive interventions will affect all types of families and what percentage of families cannot be supported in this way. The relevant question is which abusing families can be supported in the community without more incidences of maltreatment. The evidence presented below suggests strongly that many current apprehensions of children could be prevented if the necessary resources and supports were available to families-at-risk].

(2) "Methods of calculating program costs are sometimes inappropriate (e.g., several programs have simply compared their per capita costs with the costs of placing all their clients as an alternative) and the evidence as to the true comparative costs are ambiguous. Cost savings from family support programs integrated into day-to-day agency operations remains to be demonstrated". [The two studies reported by Magura in which costs were carefully calculated, Comprehensive Emergency Services (1) and New York State Preventive Services (17) both reported substantial savings per placement avoided].

(3) "Because most children receiving social services are not placed ... the problem of accurately predicting months to years in advance which children will enter placement in the absence of prior intervention becomes particularly acute. Scarce service resources cannot be focused, nor can program results be properly evaluated, without accurate identification of vulnerable families" (p. 200).

(4) "Some projects offered such a variety of services to so many of their clients that the influence of different services or combinations of services on outcomes could not be easily disentangled".

Magura's overall assessment of these family support efforts - that they've not been markedly successful and are considerably more expensive than regular services (p. 193) - is, in the judgement of these reviewers, not clearly supported by the evidence presented and is, at best, premature.

Paula A. Sinanoglu (1981) in reviewing the literature on working with parents of children-at-risk or children-in-care described the following trends in successful programming and practice:

(1) "Primary among them is emphasis on participation of the parent in planning for their children ... The Alameda Project in California has used contracting, decision-making and behavior modification techniques successfully in working with parents as a means by which children either remain in their own homes, return home or are relinquished" (p. 13).

(2) "Parent groups of a therapeutic or an educational nature, such as Parents Anonymous, have been effective ... Facing problems with others rather than alone has a potent impact on parents" (p. 13).

(3) "Another technique involving parents reported to have yielded positive results is role-modeling. Older adults (foster grandparents) have come into the home as role models ... Parent aides, homemakers and foster parents have also been successful as models" (p. 13).

(4) "The traditional modality of casework focussed on involving parents is useful ... Shapiro has found that intensive casework at the onset of placement is positively related to reunification of children with parents" (p. 13).

(5) "A multi-agency approach has also been shown to have success in working with parents. The Lower East Side Family Union's (7) program to prevent or limit foster care is particularly noteworthy; it is based on contracting for, coordinating and monitoring multi-agency services to families who are high-risk" (p. 13).

(6) "Other approaches made creative use of community and kinship networks ... daycare centers ... homemaker services and visiting nurse services" (p. 14).

(7) "Successful program strategies in working with parents often utilize multi-faceted intervention ..." (p. 14).

(8) "Another important factor in the success of these programs is that they have either public or private financial and institutional support. The effectiveness of such programs as the Oregon Project, the Alameda Project and the Lower East Side Family Union is due in large measure to the public and private support elicited" (p. 14).

Mary Ann Jones, Stephen Magura and Ann Shyne (1981) identified five important considerations for effective family support based upon their review of evaluations of five (15 16, 17, 18, 19) family support programs:

(1) Comprehensive programs of service: Families who received several services did better than those who received only 1 or 2. Both the number of services received and the complimentarity of services received are significant factors in successful programming for family support interventions. Outreach, advocacy, case management, and service co-ordination were identified as important considerations as was also direct service to several members of the family-at-risk.

(2) Agency as Extended Family: Overburdened, under-supported families can be effectively served by the use of groups, self-help associations, lay services and by the use of a team approach to serving clients. The agency can also become "a second home" for families providing them with opportunities for participation, involvement and a place to drop-in.

(3) Worker-client relationship: The quality of the worker-client relationship is important for effective service to families, usually accompanies a high degree of worker-client agreement on problems and solutions, and is related to the provision of more comprehensive and intensive programs of service.

(4) Deployment of staff: Highly trained workers should be deployed to handle intake, diagnosis and service planning phases of family support. For ongoing and intensive support services, staff can be less trained or experienced, and lay aides can be incorporated to good effect.

(5) Knowledge of child development and parenting skills: Several federally-funded parent educator programs in child development and parenting skills have demonstrated an immediate positive effect on child development (I.Q., achievement, and language development (see U.S.A. General Accounting Office, "Early Childhood and Family Development Programs Improve Quality of Life for Low-Income Families", 1979). Workers should be knowledgeable in child development and parenting skills in order to make specific improvements in these areas. Jones et al. (1981) also make the point that formal contracting may be less central in child maltreatment in prevention efforts than in permanency planning because of the crisis situations that frequently prevail at intake in child protection and because of the lower incentive of parents to enter into specific agreements.

Froland et al., (1981), in their review of informal support programs in thirty social agencies formulated a conclusion which concurs with the above review of formal programs:

The findings in Table 5.1 show that in almost every instance, a combination of strategies yielded the strongest impact on outcome criteria. The exception was the mutual aid strategy, which used alone, made the strongest impact on the client's psychological and emotional status.

TABLE 5.1 Combined Strategies with Strongest Impact on Generic Outcome Criteria (Source: Froland et al., 1981).

Outcome	Combined Strategy
Accessibility	personal network, mutual aid and neighbourhood helpers
Responsiveness	personal network and mutual aid
Client satisfaction and well being	mutual aid
Self-sufficiency	greater use of multiple approaches
Use of informal resources	greater use of multiple approaches
Deinstitutionalization	personal network and mutual aid
Efficiency	volunteer linking and mutual aid
Local control	greater use of multiple approaches

Summary

Based upon the above reviews of family support programs, it is possible to identify characteristics of family support programs which may contribute to their success. While the evidence reviewed is not conclusive, the following traits have been associated with reportedly effective family support interventions:

(1) Highly trained and experienced staff are important at the point of intake in order to handle crisis situations, and to plan services.

(2) Non-professional lay staff are demonstrably effective in on-going family support and can be profitably incorporated into programming.

(3) Multiple services and supports have stronger impacts on families than single interventions. Successful programs provide a variety of supports concurrently to families-at-risk.

(4) High frequency and levels of support are associated with successful programming.

(5) The length of time that support is provided (i.e. counselling) is positively correlated with successful impacts.

(6) Effective family support can be provided in a variety of ways: crisis intervention and therapy, intensive services, teaching and skill development, group work, self-help associations, practical assistance, etc.

(7) Low caseloads allow more time for contact with the family and facilitate effective family support.

(8) Effective family support initiatives require sound financial and institutional support.

4.3 Formal Family Support Programs

The Study's Review of Family Support Programs

The addendum to this report includes a brief description and, when available, a summary of program impacts for each of the 86 family support programs reviewed. This evidence will not be repeated in this discussion. Rather, this section endeavours to present the major patterns, implications, and conclusions drawn by the authors from this preliminary evidence. Where appropriate the arguments are cross-indexed numerically with specific project summaries in the addendum. This section provides a framework to guide sampling and instrumentation decisions for studying family support which may be useful in the interpretation of the data gathered in such a study. Field research is required to confirm, disprove, or modify the positions adopted in this section.

This review has been based primarily upon analysis of secondary reports in journals and books describing family support program methods, characteristics, and outcomes. The amount of information available in these reports and the selectivity of what is reported suggests that this review should be considered preliminary. Given the amount of information available, the Ministry might want to consider the value of an extended review and analysis of the research carried out on family support interventions. Such a secondary analysis is beyond the mandate of this review.

Formal Family Support Programs

The evidence from this review of formal family support programs points strongly to a predominant conclusion: it is possible to provide effective social support to many families-at-risk and, as a consequence, to reduce the incidence of child abuse and neglect as well as the frequency of admissions into care. While any single project report or study is open to challenge, there is a weight and multiplicity of evidence in this review that indicates that effective family support is possible and that it is within the experience and capabilities of a child welfare agency.

The parameters of family support cannot be precisely defined with the present level of understanding. It is not clear when support will work and with what types of clients and problems. Support has been effectively provided to families with a history of child maltreatment. It has been reportedly successful with multi-problem families with a long and severe history of abuse and neglect (13, 15). It is not clear what level of failure to expect from support efforts nor are the consequences of such failures apparent. While it is possible to indicate several general expected outcomes from effective family support interventions, a detailed description of the strength, nature, and contexts for these outcomes cannot be provided. It is not possible to report with confidence whether family support is cheaper or more expensive than 'regular' child protection services. Nevertheless, it is reasonable to anticipate, based upon this review that if the appropriate resources and family supports were provided by the child welfare system, a significant portion of children- at-risk, where apprehensions would normally be expected, could be supported safely and successfully within their own families.

It is possible to group the programs reviewed into six distinct groups or types of family support programs:

(1) Intensive crisis intervention and support programs,

(2) Intensive short and medium-term family support programs;

(3) Intensive long-term family support programs;

(4) Skill development/teaching family support programs,

(5) Hospital newborn family support programs;

(6) Community Center/Native Community Projects.

Intensive Crisis Intervention and Support Programs (1,7,10)

Intensive crisis programs are characterized by having emergency help available to families on short notice and by the provision of brief intensive services to families at risk. Response time to emergencies can be as short as one hour (1). Services are time-limited but arrangement for longer-term counselling can be made through referrals or contracting (7). They provide a high volume of service (e.g., everyday service, 24-hour-per-day service (1)) and they provide a broad range of supports (e.g., crisis counselling, advocacy, shelter, homemakers, foster homes, 24 hour intake, training and skill development, therapy). All three crisis projects report a capacity to prevent crisis placements, an ability to return children home, and a cost-effective service.

Intensive Short and Medium-Term Family Support Programs (3,5,8,9 11,12,14,17,18,19,25,26,31-35,40-43,45-49,48,50,52,53,60-70)

This was the dominant program pattern identified. While there are substantial variations within this grouping, a basic pattern can be described. The program provides mainstream counselling services but more frequently and with workers carrying a lower number of cases (11 or less) than regular child protection departments. Typically they provide clients with some combination of the following supports: therapy, groups, recreation, training and skill development, role models, homehelpers, transportation, daycare, and emergency services. The dominant service package usually includes counselling or therapy, training and skill development, and in-home practical assistance. These services are provided at substantially higher levels than in regular child welfare programs (5 to 30 hrs. per week). Supports such as environmental action or peer group supports are sometimes included in these programs but not with any regularity. Clients are served for six months to two years. Programs report a reduced incidence of abuse and neglect, a reduction in child placements, and positive impacts on parenting and child development.

Intensive Long-Term Family Support Programs (13,15,27,28)

These programs are comparable to the short and medium-term intensive family support programs except that they are intended to provide family support over long periods of time and perhaps on a permanent basis. They have focussed on severely dysfunctional families who have been unsuccessfully serviced by other agencies and who are classified as severe risks for continued child maltreatment. They have reported successful support of such families without high reincidences of abuse or placement but also without the expectation that the family can achieve functioning independent of continued supports from the program. They provide a similar variety and level of services to the short and medium-term options and similarly have a low staff-client ratio (1:4 or 1:5) (13,15,27).

Skill Development/Teaching Family Support Programs (2,4,6,37,44)

While each of the above program types includes a skill development/ teaching component, this program classification makes the instructional component the central focus. Training can be in-home or in the classroom and typically concentrates on parental skills and understanding or facilitating child development. In the CAS programs (37,44) training focussed on pre-teens and adolescents and presented a human relations curriculum. The frequency of contacts is typically high (2-3 times per week) (4,6, 44) and is generally time-limited, although in one example it extended to one year of in-home weekly visits. Other supports may be joined to the program, such as outreach, transportation, friendship, babysitting or daycare, advocacy and liaison. Programs report a positive impact on child development, parenting ability and participant satisfaction.

Hospital Newborn Family Support Programs (20,21,24,28,29,36,51)

These programs are sponsored by or initiated through the maternity department of a hospital. They generally involve first-time mothers (and to a lesser extent fathers) who have been identified as high-risk. As with all of these types of family support programs, supports are provided more frequently and more types of support are provided than is the case with regular departmental patients. The essential elements of these programs include outreach to establish contacts with the high-risk new mothers, providing an ongoing link with a pediatrician, and home visits by a nurse or a homehelper. There is an emphasis upon ongoing contact, providing quick access for the new mother to supportive help and helping the new mother to understand and to cope with her new responsibilities. Primary responsibility is usually assigned to a single health professional (generally a pediatrician) to coordinate in-hospital, clinic, and in-home services and supports. Such programs provide good research evidence of a reduced incidence of serious child abuse (21,26) in comparison with regular service clients. However, they do not report any significant impact on parental or child development.

Community Centers/Native Community Projects (22,23,30,54,57,58, 69,70)

Unlike the above five types of family support programs, this program option does not emphasize providing direct supports to families-at-risk. In this review, this indirect support option was used with Native Canadians and adolescents. It has proven to be a particularly viable alternative with native communities. Typical native programs (22,23) provide crisis services, liaison and court services, cultural activities and a place for community residents to drop in. They also provide outreach and community patrol services. Both programs report a substantial impact on frequencies of arrests, community violence, and public intoxication. Two projects provide a community-based approach to delivering child protection services to a native community (30,69). They provide emergency services, a reservation-based, multidisciplinary child protection team, and outreach services. One project (30) reports a substantial reduction in the need for emergency foster care and in the incidence of child maltreatment. It is quite possible that given the structures and traditions of native communities and families that community project and community development approaches to family support may be substantially more relevant than in many non-native settings. Two examples of drop-in centers were reviewed (54 58). They report a high level of client use and satisfaction.

Summary of Family Support Program Characteristics

Successful family support programs appear to differ markedly from regular child protection agency services in two major aspects:

(1) They provide a broader range of supports concurrently to families-at-risk. Typically three types of services are emphasized: counselling, training and skill development and in-home practical assistance.

(2) These programs maintain a much higher level of contact with clients. Child welfare programs reviewed maintained between 4 and 30 hours of contact per family per week. Some programs provided 24 hour in-home service to the client over a brief period.

Client-staff ratios were also substantially lower than regular child protection programming. The average ratio was less than eleven-to-one, with some program workers serving only two to four families at a time, and in one program there were two therapists per family (12). Clients are generally serviced by multidisciplinary work teams. Both professional staff and lay personnel (31,38,66) have been successfully used in family support programs. Evidence has been provided that the length of service (counselling) is positively related to positive outcomes (10) and that the quality of the worker-client relationship is the most important predictive variable for positive counselling outcomes (17,18). In the case of native and immigrant communities, having the project located in the communities, the use of indigenous personnel, and linkages with traditional community and family structures all have been reported to be successful (23,27,30, 70). Many of the projects reviewed were demonstration projects, and none of these projects was operating on the scale of an average child welfare agency in Ontario. The challenge of transferring small scale demonstration project methods to the scale of a children's aid society remains uninvestigated.

4.4 Expected Outcomes of Successful Family Support Programs

Two dominant impressions are created by this review of reports on family support programs. The first is the similarity in the categories of support provided despite variations in program details and titles. The second is the equifinality in program outcomes; across all types of programming positive outcomes are reported.

Across programs of the same type and across programs of different types, essentially three categories of services are being provided: counselling, training and education, and practical assistance in the homes of families. Equally important is the *lack of evidence regarding any patterned variation in type of service provided by type of family served.* *Whatever the nature of the client* (new mother, single parent, multi-problem, or low-risk family), *the same services appear to be provided in the same ways.*

When the results of the reportedly successful family support interventions are examined, equifinality is apparent in two ways:

(1) Whatever the specifics of the services provided (e.g., type of counselling or education, methods used or nature of the practical supports or type of person providing the service), positive impacts or results are reported. If counselling/ therapy, education and practical assistance services are provided at comparable levels, positive outcomes are reported.

(2) Similar outcomes from comparable services are reported across a broad range of clients with substantial variation in family characteristics and presenting problems. The program reports and evaluations were unable to indicate which specific methods worked best with specific types of client or presenting problems or when support services were appropriate or inappropriate with certain types of clients. The evidence indicates that support services can produce positive results with a broad range of families-at-risk, including some multi-problem families considered as comparatively high-risk.

Two interpretations of these findings are possible. It is arguable that the "state-of-the-art" of family support interventions and family support research has not developed to the point where a matching of preferred services methods with family characteristics and difficulties is possible. To a limited extent, this observation is undoubtedly true. However, Chapter Five which reviews the evidence on casework and social support and Chapter Two which describes the conceptual framework for social support suggest a second interpretation.

Family support may in fact be a rather simple and straightforward concept. Such interventions may be better served by viewing them as "blunt" rather than precise instruments. Chapter Two provides evidence that the availability of social supports can have a positive influence on a broad range of social problems (e.g., physical illness, psychological distress, child abuse and neglect, coping with job-related problems, coping with widowhood or divorce etc.) and types of clients. Chapter One's review of the correlates of child abuse and neglect indicates that two predictors of child abuse and neglect at the macro-level (i.e., across a broad range of clients and communities) are the families' lack of resources (e.g., low income, poor housing, or detrimental neighbourhood) and the social isolation of the family (i.e., the lack of a network of supportive relationships). The chapter on casework and family support demonstrates that the method of providing support (type of counselling or type of helper) may be less central to effectiveness than the fact that support is, in fact, provided to the family in the counselling relationship (e.g., quality of casework relationship, frequency of of contact, accessibility, the allowing of client dependency in the relationship, a shared focus and purpose between the worker and client, etc.). There is also evidence that lay helpers and professional helpers are equally helpful in providing social support.

The implications to be drawn from this evidence include:

(1) Social support interventions should be understood not in terms of the details of their rationales or the specific service methods but in terms of what types of social support are in fact being provided to families (e.g., concrete support, education and skill development support, informational support, social integration support, emotional support, directive support or environmental action support).

(2) Social support, if it can be provided in the proper combination and at an adequate level, should have a positive impact on family functioning for most of the "typical" child protection population. Few families or types of problems can be ruled out a priori as inappropriate recipients of social support interventions.

(3) Social support program interventions should be described and evaluated in terms of:

   (a) the type of supports being provided;

   (b) the type of helpers being used to provide each support;

   (c) the combinations of supports being used with families;

   (d) the length of time support is provided;

   (e) the levels at which social support is provided (e.g., number of contact hours per week, number of supports provided per family);

(f) the quality of the context within which support is provided (e.g., the perceived quality of the supporter-client relationship, satisfaction with the supportive relationship);

(g) the costs per family of each format for delivering social support;

(h) the impacts (perceived or documented) of the program on incidence of child abuse and neglect, admission into care, increase in parenting capacity and child development (see outcome evidence below).

In terms of the description of the range of social supports and ways of helping in Chapter Two, the review indicates that the actual supports provided and methods of helping undertaken through these formal programs are quite limited. The formal programs reviewed provided concrete supports, educational and skill development supports, and emotional supports to families. While other supports were sometimes provided, these were not a major focus nor were they provided at a substantial level. Child protection agencies essentially provided the services (supports) with which they were already familiar but at a higher level of intensity and for the express purpose of family support. There are several important implications of this observation.

First, and probably most significant in terms of practical applications, the standard child protection services (supports) of counselling, concrete services and skill development programs appear to be efficacious methods of providing family support. The perspective on social support developed in Chapter Two indicates that these traditional child welfare methods may be both powerful and relatively broad-ranged methods of providing support. This is consistent with the observation that child welfare agencies "already know how to provide effective family support services" (G. Caldwell, personal communication). An increased family support focus may not require that either child welfare agencies or child welfare workers become dramatically different or learn radically new methods of working with families. What is suggested is a shift in policy and program emphasis and a redistribution of agency resources.

Second, the formal support programs examined were limited in terms of their "potential" influence upon some of the major correlates of child abuse and neglect. A potentially important contributing factor to child abuse and neglect has been identified as the social isolation of the parent(s). The formal programs described do not address the fundamental issue of the social integration of these families. As a rule they are time-limited and problem or crisis-oriented. Social integration comes from long-term relationships and is essentially provided by regular contacts with family, friends, and peers. To a lesser extent, social integration can be strengthened by contacts with neighbours, natural helpers, and peer groups with similar problems. Social integration also originates from the positively perceived roles and functions of the individual in the larger community. There are substantial dimensions of family support and ways of helping that are being ignored by these agencies. These are the types of support and methods of helping that are less accessible and less familiar to welfare agencies. Yet some interventions which are clearly beneficial to the social integration of parents and families would seem open to "exploitation" by child welfare agencies (e.g., peer groupings, self-help associations, strengthening and expanding family and friendly contacts for parents).

Environmental action, either in terms of individual advocacy or collective action, was not being attempted in a systematic fashion through these family support programs (except perhaps for the native Canadian projects and to a lesser extent the 'ghetto' projects). It is not clear to what extent a child protection agency can become involved in environmental action. What is clear is that lack of economic and social resources are major contributors to child abuse and neglect.

The argument has been advanced that formal organizations can both reach more families and increase their cost-effectiveness by joining their efforts with those of the natural helpers and natural helping networks in the community (Collins and Pancoast, 1976, Froland et al., 1981). It remains to be demonstrated that such collaborative linkages can in fact be established on a significant scale by child protection agencies.

Reported Outcome Indicators

The evidence presented in this section suggests the following as potential outcome indicators:

(1) The intensive crisis intervention, intensive short, medium and long-term family support programs as well as the hospital newborn family support programs all reported a positive impact on incidence and reincidence of child abuse and neglect (1,7, 10,11,13, 14.15,17,21, 25,26,29,30,31,39). The teaching/ skill development programs did not report an impact at this level. The community center projects also did not report positive effects on incidence of maltreatment. The reservation-based child welfare project did report a substantial positive impact upon incidence of child abuse and neglect.

(2) The same types of programming reported a reduction in the level of admissions to care or hospitalization due to severe child abuse (1,11 13,17,30,42,60,62-65).

(3) To a lesser extent, family support programs reported a positive impact upon the intellectual, social, and emotional development of the children of the families receiving service (3,4,14,18, 61,63-65). Programs reporting such results tended to have an intensive teaching component (frequently coupled with counselling) to their programming (3,4,14,64,65). The hospital newborn programs did not report positive impact on this variable nor did the community center programs.

(4) Many programs reported a positive change in parenting skills and parenting behavior (4,14,15,16,18,19 27,32, 38,45,65). These programs typically provide a variety of family supports (concrete, educational and emotional) with a strong counselling/therapy component to their programming. They also usually provide significant skill development/teaching supports. The hospital newborn and the community center programs did not report positive impacts on this variable.

(5) Several community center projects reported a positive impact on community level indicators, such as levels of public intoxication, incidence of crime and violence, participation and support of the programs (22,23,57).

(6) Two programs working with multi-problem families and severe-risk families reported that, while effective family support was possible, long-term self-sufficiency for these families might be an unrealistic expectation (15,27).

(7) Several projects reported that the cost of serving clients through their demonstration projects was lower than the cost of maintaining a child in care (2,10,11, 13). Several carefully costed programs reported lower costs per apprehension averted in the family support programs (1,17, 32). However, there is no evidence for, or projection of the costs of running family support programs on an agency scale of operations. Nor is there any estimation of what such a shift would mean in terms of increase or decrease in demand for agency services.

4.5 Comparability of Children's Aid Societies' Family Support Programming

The project information and research evidence on family support programming in the Ontario CAS uncovered in the review for this state-of-the-art report was quite limited. CAS program information was gleaned from a review of the OACAS Journal and The Children's Services Newsletter, from a review of the 1981-82 Service Plans, from agency program descriptions, from the Inventory of Ministry Research and Program Evaluation Projects 1981-82, and from a few research reports. In the author's opinion, this information base is incomplete. The following comments should be viewed as preliminary. Indeed, one of the purposes of the field research to follow this report is to verify or modify these initial impressions about CAS family support programming.

The program reports reviewed from the CAS indicate that the programs were providing essentially the same services (counselling, practical assistance, teaching/skill development) as the other formal programs reviewed. However, there were some apparent differences. The apparent differences between the CAS family support programs reviewed and the reportedly successful family support programs reviewed in outside jurisdictions previously discussed include:

(1) The CAS programs seemed to be of a smaller scale;

(2) The CAS programs appeared frequently unidimensional emphasizing one type of helping. Fewer types of support were provided, and the concurrent combining of types of support was not emphasized;

(3) The level of support (number of hours of service per family per week) was apparently much lower than most of the reportedly successful family support programming.

It would be useful to verify the accuracy of these impressions. The previous review seems to indicate that effective family support is a positive function of how many types of family supports are delivered and how much support is provided to a family-at-risk.

Two additional points should be made with regard to CAS family support programs. First, CAS family support programs tend to be very small and dependent upon a single program co-ordinator. Being small in scale they not only have few resources for monitoring the projects, but the program tends to grow, or change, as the project staff gain experience. This is certainly the conclusion of Hornick et al. (1982), who reviewed several Metro Toronto CAS family support programs. This led to suggestions for detailed program objectives, referral and termination criteria, and clear descriptions of actual program activities. This is not to say that small flexible projects are wrong, but that they are difficult for investigators to evaluate with respect to program supports, much less their impact. This lack of conclusiveness is repeatedly found in attempted evaluations of such CAS projects

(41-67). This point is demonstrated by an outreach project to West Indians in Toronto and brings into question the use of demonstration projects for the provision of core services:

> "As knowledge of the Project became widespread, requests for service increased dramatically in terms of direct counselling cases, staff development workshops and Family Life Education activities. Shortly after inception of the Project, it was evident that there was a great need for these services in a wide variety of community agencies, as evidenced by the requests for consultation from agencies...
>
> We, of course, had not anticipated the 'mushrooming' of this endeavour, and changes were necessitated...
>
> Due to the workload in counselling and training, the research component of the Project received less than ideal attention" (Herberg, 1980).

Secondly, also related to the question of project versus core status for programs, many CAS's in Ontario have experience with Family Support Workers in their agencies. The Family Support Worker Evaluation (MCSS, 1982) found, with respect to the developmentally handicapped that:

> (1) "Family support workers affiliated with the larger, multiservice organizations tend to concentrate on providing direct services to the host organization's clients and to utilize mostly the internal services of the host organization when service coordination is needed".
>
> (2) "Smaller, autonomous programs tend to concentrate more on finding and coordinating external community services, and as a result they tend to utilize more generic services and to perform more case and systems advocacy".

This study of the program's operation in seven distinct settings, highlights the degree to which family support auspices (e.g., attached to a central agency, as opposed to a more neighborhood-based resource) can influence the nature of family support interventions.

4.6 Informal Family Support Programs

Informal family supports in general are provided by unpaid helpers. However, Collins and Pancoast (1976) included in their description of informal helping those support programs that hired indigenous people or natural helpers to supplement regular agency programming.

One dominant impression emerges from a review of informal family support initiatives by child welfare agencies: such efforts are almost nonexistent. Out of the programs reviewed, only one (83) emphasized informal helping, and it involved only seven mothers. A number of programs used lay personnel as part of their service team, usually to provide concrete services or friendly visiting although, in some cases, as lay therapists/teachers. A small number of programs used peer groups as a means of providing social support; however, such practices were tangential to the main service methods previously described. There is also very little research evidence on the impact or outcomes of agency efforts to mobilize and utilize natural or informal supports. The bulk of the evidence reviewed for this report is drawn from outside the child welfare field (Collins and Pancoast, 1976; Froland et al., 1981).

This broader informal program review indicated that informal helping by formal agencies included the use of peer groups, indigenous aides, role-related helpers, natural helpers, volunteers, and community participation in program planning. However, the informal help was apparently used to provide the same types of social support as in the formal programs. Informal helping was designed to provide short-term emotional support and to provide limited practical assistance. The problems of long-term social support and in-depth social interpretation were not addressed. There was no environmental action component to these programs. Yet these are specifically the areas in which informal supports supposedly can make a contribution different from, and greater than, formal support programs.

The bulk of the evidence on formal organizational efforts to use informal supports is drawn from the book by Charles Froland et al., Helping Networks and Human Services (1981). Based upon their review of informal helping programs in thirty social agencies, Froland et al. present the following typology of (informal) program strategies.

TABLE 3.3 A Typology of Program Strategies (source: Froland *et al.*, 1981).

Strategies	Objectives	Informal Helping Networks	Relationship
Personal network	consult with client's significant others; supporting existing efforts; convene network of providers and family, friends and others to resolve problems; expand client's range of social ties	family members, friends, neighbours, service providers	primarily collegial
Volunteer linking	provide lay therapists for counseling; establish companionate relationships; recruit and link volunteer advocates to client	citizen volunteers; people with skills, interests relevant to client's needs; people with similar experience	primarily directive
Mutual aid networks	establish peer support groups; consult with existing groups and support activities	local church associates; clients with similar problems; people with shared concerns	more collegial with existing network; either directive or coordinative for created networks
Neighborhood helpers	establish consultative arrangement with neighbour to monitor problems; convene neighbours to promote local helping	neighbours; clerks; managers in local businesses; religious leaders	more collegial but may be coordinative
Community empowerment	establish local task forces for meeting community needs; provide for community forums to have input into local policies	opinion leaders in local business; religious institutions; members of local voluntary associations; neighbourhood leaders	primarily coordinative

In reviewing the type of natural helpers used with different client populations, Froland et al., (1981) found that people with similar problems were the most common informal helpers used to assist families. People with similar problems were seen as making the strongest contribution in terms of friendship (association, emotional support). Family and friends as well as natural helpers were also identified as sources of emotional support. Natural helpers and volunteers were reviewed as making the largest contribution, among informal types of helpers, to problem-solving (cognitive guidance, linking). None of the natural helpers was seen as making a particularly strong contribution to joint action (cooperative community activity, organizing, advocacy, planning) or to caretaking (material assistance, services, money).

Of the five informal helping program strategies, only volunteer linking was perceived as involving significant cost factors in terms of supervision and recruitment and training (p. 92). To the extent such informal helpers and helping methods can be accessed by child protection agencies, they should result in a relatively low-cost extension to the formal social supports provided to families. Neighbourhood helping and community empowerment made significant demands on staff time and effort (p. 92). Working with personal networks required an investment in the coordination of staff in working with helpers. Mutual aid activities required professional or agency services as backup to helper activities (p. 12).

The outcomes of the informal helping efforts reviewed by Froland et al., (1981) were rated by program personnel and by the researchers who carried out the field investigation of each agency. It was felt that the informal program efforts did not lead to an increase in economic or physical self-sufficiency among clients. The programs had their strongest impact on service accessibility, responsiveness, and client satisfaction and well-being. These were also rated as increasing agency efficiency and in increasing local control over programs (p. 99). Personal network strategies made a perceived contribution to increased service accessibility as well as to the reduction of institutionalization and social isolation. Volunteer linking assisted with increased client self-sufficiency, increased use of informal resources, reduced need for services, and made more efficient use of agency resources. Mutual aid networks contributed to client satisfaction and well-being, increased use of informal resources and reduced need for services, as well as reducing institutionalization and social isolation. Neighbourhood helpers made their strongest contribution to an increase in community participation and local control of programs. Community empowerment strategies made significant contributions to client satisfaction and well-being, increased client self-sufficiency, increased use of informal resources, reduced need for services, and increased community participation and local control of programs. In the table below, Froland et al., (1981) summarize the problems addressed, the costs involved and the consequences of each informal program strategy.

TABLE 4.7 Summary of Costs and Consequences of Program Strategies (Source: Froland et al., 1981).

Strategy	Problems Addressed	Costs Involved	Consequences
Personal Network	-multiple problems, chronic -some adjustment, skills of daily living problems -less material assistance, housing, employment problems -not used in relation to advocacy, individual rights or neighbourhood related problems	-usually more staff involved (Full time employees (FTE)) -greater staff effort devoted to approach (% time) -backup services may or may not be necessary depending on problem -supervision costs not nec. -more staff coordination -greater use of non-professional staff -payment of helpers rare, if at all	-demonstrable reduction in institutionalization of clients -improved accessibility, acceptability and availability of services possible -prevention of needs for service likely -improvement in self-determination and self-sufficiency likely -may increase efficiency in use of existing resources
Volunteer Linking	-more problems related to personal advocacy, stigma -some problems needing material assistance -may be directed to problems involving community adjustment or chronic problems -not used in relation to neighbourhood problems	-supervisory costs are often involved including costs associated with identifying, recruiting, training and supervising helpers -usually does not require large number of staff (FTE) or large proportion of staff time (% time) -backup services sometimes made available -payment (either stipend or reimbursement is sometimes offered) -less need for staff coordination -less use of nonprofessional staff	-demonstrable improvement in efficiency by lowering cost per unit of service or cost/client -demonstrable increase in client self-sufficiency -some reduction of institutionalization possible -may increase use of informal resources -may increase responsiveness of mandated services to clients

Strategy	Problems Addressed	Costs Involved	Consequences
Mutual aid Networks	-most often used in conjunction with needs of community adjustment activities of daily living, social support -some use with chronic problems as a supplemental approach	-few supervisory costs are involved, especially involving identification, training or coordination; staff may need to assume more responsibility for activities involving populations with chronic problems -may use more staff members (FTE) although staff effort (% time) may be less -less need for staff coordination -backup services are usually required -payment (either stipend or reimbursement) may sometimes be utilized for helpers who take on greater responsibility -may use nonprofessional staff	-improved client satisfaction, psychological and emotional status probable -greater use of informal resources reported -reduction of institutionalization or needs for services documented in some cases -improved self-sufficiency -may improve efficiency by offering more services with existing resources
Neighbourhood helpers	-most often used in relation to problems of community adjustment, neighbourhood affairs where client population can be addressed through area of residence -some use in relation to assistance with activities of daily living (e.g., elderly) -little or no use in connection with problems associated with personal advocacy, individual rights	-few supervisory costs are involved in training, direct supervision; staff time coordinating helpers may be necessary -usually requires fewer staff (FTE) -more staff time spent on informal canvassing, contacting, less staff responsibility for helper activities -backup services not usually required -payment of helpers rare -more coordination time among staff may be necessary -may use nonprofessional staff	-improvement in accessibility probable -more use of local resources reported -greater self-sufficiency possible -greater responsiveness to special needs when used in conjunction with other approaches -some efficiency gains reported when approach used as supplement to client services

Strategy	Problems Addressed	Costs Involved	Consequences
Community Empowerment	-most often directed to neighbourhood problems dealing with issues of community development, planning appropriate services -some use in connection with advocacy for particular constituencies in community -less directed to problems associated with individual clients although approach may be employed in conjunction with other strategies to deal with client problems	-supervisory costs associated with coordination among helpers; few costs associated with training or supervision of helper activities -usually less staff (FTE) and % time involved in approach -less need for backup services -nonprofessionals sometimes employed as staff -greater need for staff coordination -payment of helpers rare -more staff time spent informally contacting or working with helpers	-improvement in local community control of services -responsiveness to target populations, special needs improved; increase in responsiveness of mandated services -greater use of existing informal resources probable -improvement in client self-sufficiency and satisfaction with services when approach is used in conjunction with other strategies directed to clients

While the evidence on the scope and usefulness of informal program strategies in child welfare is relatively scarce, it seems correct to conclude that they remain a relatively untapped source of potential support for families-at-risk of child maltreatment. However, several major caveats are in order. The potential contribution of informal programs in this area remains largely unknown. There were no major informal support programs in the child welfare field uncovered by this program review. In addition, the methods of working with informal helpers and networks and of creating linkages with formal social agencies remains relatively unexplored. There is agreement among students of informal supports that they are in many ways the antithesis of formal organizational behavior and are seen as only partially compatible with formal agencies and professional work methods. Informal support programming is seen as requiring a flexibility in agency and worker response and a degree of local unit control beyond what is normally the case in child welfare agencies. It requires a redefined relationship of reciprocity and equality between informal and professional helpers. A trust and confidence is required between agency, worker, informal helpers, and clients. Informal helping efforts evolve and cannot be planned in the same sense as formal family support programs. It is yet not clear to what extent the typical child protection agency can satisfy these requirements.

4.7 Summary

Overview of What We Think We Know

The following preliminary conclusions may be made on the basis of the evidence reviewed in this chapter:

(1) Family support interventions can work with a broad range of families considered at risk of child maltreatment. Many children currently in care could potentially be supported in a natural setting if an adequate mix and level of social supports were available. The exact parameters of the current child care population susceptible to this type of social support remain to be determined.

(2) A combination of counseling, teaching/skill development and practical support has demonstrated potential in family support programs. A substantially higher level of support (5+ hrs. per week, multiple concurrent supports) than in regular child protection programming may be required. Within these general parameters, many variations can be attempted with reasonable expectations of positive impacts on families-at-risk.

(3) On a small demonstration project basis, family support interventions appear less costly than child placement. The real costs of such a program operated on the scale of a typical children's aid society's operations remain undocumented.

(4) Traditional child welfare services (counselling, practical assistance, groups skill development teaching) appear to be quite relevant to the provision of family support.

(5) Informal supports remain largely an unexplored method of helping in child welfare. The evidence indicates that informal supports are important influences on the prevalence of child abuse and neglect and that the possibilities for informal-formal support linkages is a promising area for investigation in child welfare.

(6) Family support programming with Canadian Indian families and communities may present unique opportunities and requirements. There is evidence that traditional ways of helping and traditional community and family structures can be central to the process of supporting families-at-risk.

(7) There is evidence that, in bridging the "cultural distance" between child welfare agencies and ethnic minorities, that "ethnic" service agencies, ethnic community institutions, community-based delivery of service and the hiring of indigenous aides and ethnic professional staff facilitate the maintenance of contact with minority families and increase the probability of successful family support effects (see Chapter Three).

Where Do We Go From Here?

This preliminary report would suggest some caution in a wholehearted "boarding of the family support bandwagon". While the indications are encouraging, the actual potential for family support with the child welfare population remains unknown. Family support should not become a euphemism for the removal of existing agency support to families-at-risk. What is suggested is more ambitious experimentation and exploration of family support interventions in Ontario.

4.8 References

Cohn, A.
"Effective treatment of child abuse and neglect",
Social Work, 24(6):1979(a).

Cohn, A.
"Essential elements of successful child abuse and neglect treatment" Child Abuse and Neglect, 3(4):1979(b).

Collins, A. and Pancoast, D.
Natural Helping Networks
Washington, D.C.: NASW, 1976.

Froland, C.
"Formal and informal care: Discontinuation in a continuum",
Social Service Review, Dec. 1980.

Froland, C. et al.
Helping Networks and Human Services
Beverly Hills: Sage Publications, 1981.

Garbarino, J.
"The human ecology of child maltreatment",
Journal of Marriage and the Family, 36(6):1979.

Garbarino, J. and Stocking, S.
Protecting Children from Abuse and Neglect
San Francisco: Jossey-Bass Publishers, 1980.

Gottlieb, B. (Ed.)
Social Networks and Social Support
Beverly Hills: Sage Publications, 1981.

Helfer, R.
"A review of the literature of child abuse and neglect"
Child Abuse and Neglect, 6(3):1982.

Herberg, E.
West Indians in Toronto: Implications for Helping Professionals
Toronto: Family Service Association of Metro Toronto, 1980.

Hornick, J. et al.
Alternate Care, Community Child Care, Family Caring and Sharing, and Group Work Programs Study (interim report)
Toronto: Metro Toronto CAS, 1982.

Jones, M.A., Magura, S. and Shyne, A.
"Effective practice with families in protective and preventive services: What works?",
Child Welfare, 60(1):1981.

Kadushin, A.
Child Welfare Services, (3rd Edition)
Toronto: MacMillan, 1979.

Levine, M. and Perkins, D.
"Social setting intervention and primary prevention",
American Journal of Community Psychology, 8(2):1980.

Magura, S.
"Are services to prevent foster care effective?"
Children and Youth Services Review, 3(2):1981.

Maluccio, A. and Sinanoglu, P.
The Challenge of Partnerships
New York: Child Welfare League of America, Inc., 1981.

Maybanks, S. and Bryce, M.
Home-based Services for Children and Families
Springfield: Charles C. Thomas, 1979.

Ministry of Community and Social Services
Evaluation Report: Ontario Family Support Worker Program
Toronto: Government of Ontario, 1982.

Mitchell, R. and Hurley Jr., D.
"Collaboration with natural helping networks",
in B. Gottlieb, Social Networks and Social Support
Beverly Hills: Sage Publications, 1981.

Mitchell, R. and Trickett, E.
"Social networks as mediators of social support", Community Mental Health Journal, 16(1):1980.

Sinonoglu, P.
"Working with parents",
in A. Maluccio and P. Sinonuglu (Eds.), The Challenge of Partnership New York: Child Welfare League of America, Inc., 1981.

Stein, T. et al.
Children in Foster Homes - Achieving Continuity of Care
New York: Praeger Publishers, 1978.

USA General Accounting Office
"Early childhood and family development programs improve quality of life for low-income families",
1979.

Whittaker, J.
Community Supports for Troubled Children and Youth: A Project Summary,
Seattle: University of Washington School of Social Work, 1981.

Chapter Five

INTERVENTION WITH MALTREATING FAMILIES: THE CAS WORKERS ROLE IN FAMILY SUPPORT

Dr. M. Rothery

5.1 Introduction

The types of treatments that caseworkers employ have been well known for many years (Hollis, 1972), including general activities such as environmental action, emotional support, direction, education, information and the facilitation of insight. Periodic descriptive analyses of the techniques workers employ in the service of different types of treatments may vary in terms of emphasis, but actually share more similarities than differences.

Contrary to initial expectations, the review of the literature has not uncovered any distinct approach to intervention associated with the task of providing family support. Drawing on a combination of empirical evidence and the recent experience of workers (primarily in the area of "permanency planning"), it is possible to provide guidelines as to how family support interventions should be structured, and what their focus should be. The outcome of this exercise, however, is a prescription for treatment that will not be unfamiliar to anyone who is knowledgeable about current social work practice. Family support, as it turns out, combines a familiar blend of the full range of treatments and techniques, distinguished only by its focus and by an emphasis on some technical operations over others.

The information presented in this chapter draws on a variety of sources. Research in the area of permanency planning provides the best empirical evidence relevant to family support, and is emphasized because it provides grounds for optimism as to what can be accomplished when systematic interventions are focussed on the child's natural family. Additional reports of empirical findings and descriptions of successful practice are included where appropriate.

The significance of this material for research on the provision of family supports by CAS workers is straightforward enough. Since guidelines developed represent the state of the art as far as casework focussed on family support is concerned, they are valuable for developing instruments to measure the extent to which common practice in selected agencies compares to approaches that have demonstrated their usefulness.

The material which follows addresses several general questions:

(1) What is known about the general effectiveness of case-based services to families with maltreated children, and what characterizes effective service?

(2) What factors appear important in assessing a family's appropriateness as a target for family treatment and support?

(3) What variables need to be considered in assessing the problems and resources present in the given family to which treatment and support services are being offered?

(4) How should intervention be structured?

(5) What considerations should guide evaluation and follow-up of treatment and family support services?

(6) What considerations should guide case management procedures, with reference to the supervisory function?

5.2 Effectiveness of Case-Based Services

The basic question of whether case-based services are generally useful in dealing with child maltreatment can be answered with a qualified "yes". (The casework method is the most commonly reported approach in child abuse; this should not obscure the fact that group services are also popular). Although the evidence is not free of contradictions, recent large-scale studies such as those by the Berkeley Planning Associates (1977), Shapiro (1979) and Fitch (1977) do demonstrate positive change in the families of abused or neglected children treated by child welfare agencies, especially when long-term services are provided. Given that these studies include large numbers of "hard to treat" cases, there is room for optimism: "The amount of change one might expect the agencies to effect must be assessed against the great social and personal deprivation characteristics of the families who are the clients of such agencies. ...Evaluation studies suggest that the social agencies and other professional interventions have apparently achieved some modest level of success in effecting positive change" (Kadushin and Martin, 1981).

Recent demonstration projects which provide "special" intensive intervention to families with children in care or in need of protection services provide additional cumulative support for the value of family support. In contrast to similar comparison groups, services oriented to maintaining or restoring the integrity of the natural family have had a desirable effect on the number of children taken into care, the length of time spent in care when apprehension had been found necessary, and on other variables associated with family functioning (Jones et al., 1976; Stein et al., 1978; Lahti and Dvorak, 1981).

The question of what is the most appropriate type or focus for treatment is still a matter of debate. For example, workers are criticized for emphasizing counselling service with clients whose own felt need is for concrete, material help (Sudia, 1981), a position that is not upheld by other researchers. While much research indicates that environmental resources and material help are important in very many cases, the worker-family counselling relationship is also a significant variable for a large majority of clients. Goetzel et al., (1982) asked clients themselves to assess the value of service received, with this result:

> "The parents' evaluative comments regarding services reflected either positive or negative opinions that were in general focused on the quality of their interaction with specific helpers. Services viewed positively were associated with good experiences with individuals described as sincere, compassionate, and understanding, whereas negative experiences were linked to individuals with whom negative encounters occurred".

A more objective look at this issue is offered by studies such as Jones et al. (1976). In this investigation, three outcome measures were used to assess the success of a program to assist families of children in care. The outcome measures were "placement ratio", "goal attainment", and "status index" (a rating based on several variables concerning the whereabouts of the child and the desirability of his or her living arrangements). Thirty independent variables were assessed in relation to outcome. Among the significant correlations obtained, "the worker-client relationship is the only item of the 30 to have a significant correlation in the same direction with all three outcome measures. It had a higher correlation with both goals and status than did any other item" (p. 108).

There are other examples of single studies which demonstrate that treatment interventions have a contribution to make, by alleviating the effects of parental pathology through individual therapy (Polansky, 1981), by treating marital and family functioning (Alexander and Parsons, 1973; Justice and Justice, 1976;

Wayne and Avery, 1980), or by focussing on behavioural changes on the part of parents or an individual child (Doherty Social Planning Consultants, 1982).

With respect to general principles that characterize effective support services to families, a few points deserve to be highlighted:

(1) There is a frequently observed tendency for workers to de-emphasize services to the natural family, especially once children are taken into care (Stein et al., 1978). When this tendency is reversed, the use of alternative care facilities is significantly reduced (Stein et al., 1978; Lahti et al., 1978; Jones et al., 1976).

(2) The effectiveness of case-based support services to the natural family is enhanced when the treatment effort is flexible enough to respond to a range of needs relatively quickly, and when it is intensive. Frequent visits relatively early in the agency- client contact, coupled with a positive worker-family relationship are desirable (Lahti et al., 1978; Lahti and Dvorak, 1981; Jenkins et al., 1978).

(3) As noted, there is precedent for categorizing services as concrete and practical or therapeutic. The first category of help is considered to be represented by services which supplement the family's material resources, while the second category refers to services which are supposed to help the family learn to function differently. While these are often treated as alternatives that are somehow opposed, there is evidence that help of both kinds in combination is generally appropriate. Certainly, counselling or therapeutic help is often more effective when concrete or practical aid is provided at the same time (Jones et al., 1976; Goetzel et al., 1982).

(4) With respect to the kinds of treatment that are helpful, and the principles that contribute to effectiveness, the literature is rather ambiguous (the general points above notwithstanding). The literature on permanency planning for children in care has, however, evolved an approach to structuring treatment and case management which has some empirical support and clear practical advantages.

5.3 Assessing Appropriateness of Families for Family Support Services

Family treatment and support services have been successfully utilized with many kinds of problems at many levels of severity. While there are no clear guidelines as to which families will benefit from such services, neither are there guidelines indicating which families will not.

When a child is maltreated and this is brought to official attention, an early decision is made as to whether the child should be apprehended. In the majority of cases, no apprehension will be required, but service will be considered desirable. If the family complies with this recommendation, either voluntarily or under coercion, that family is a target for family support services, at least on an "experimental" basis. There is evidence that older adolescents can be successfully helped individually without family involvement (Doherty Social Planning Consultants, 1982), but no evidence that this is superior to family support.

When the child is taken into care as a consequence of maltreatment, family support is still the treatment of choice, as long as the eventual return of the child to the natural family is seen as a possibility. Even here, there is reason to be cautious about eliminating the family support option. Lahti and Dvorak (1981) for example, studied the effect of services to the natural families of children who were considered unlikely to return to their natural families under any circumstances. Of 509 such children (under the age of 12), special services which treated the natural family as the preferred option, resulted in the return of 131 children (26%) to their own parents. Follow-up investigations determined that of these, 80% were still with their parents, and had been so for an average of 2 1/2 years.

Since there are currently few guidelines with much predictive value for the outcome of family treatment and support, and since there is evidence that such services can benefit even very severe cases, it seems clear that there are few exceptions to the rule that family treatment and support should be attempted with any family where a firm decision to find permanent alternate care for their child is absent. Further, it is increasingly frequently argued that the separation of children from their families entails such risks that families are entitled to what Engler (1978) calls "due process of service". Whenever it is safe to do so, "due process" requires the provision of support and treatment until it becomes clear that the family cannot be helped.

It is not the purpose of this study to establish grounds for separating children from their families. However, since it seems that family support services are desirable whenever they can be offered without placing the child in danger, the initial decision by CAS workers as to whether apprehension is required is important because it is a corollary to the decision to offer support services. For this reason, the grounds upon which degree of risk are assessed are of interest.

Generally speaking, there is ample evidence that placement decisions are very unreliable (Wolock, 1982), and are based on many factors (Stein et al., 1978). Some of these factors relate to the family, especially maternal characteristics (Boem, 1962). Others have more to do with standard agency practice (Briar, 1963), perception of community resources, and even the nature of other families on the worker's caseload (Wolock, 1982).

Arguing from the premise that placement decisions are appropriate only in cases of "extreme" maltreatment, Wald (1982) suggests criteria for distinguishing such cases from others where support services can be offered. Assessment of risk is based on the type of harm that may be done to a child by maltreatment, as well as the question of how severe the harm is likely to be. Wald identifies six specific harms, and suggests indicators for assessing severity:

(1) Physical abuse, which is severe when it involves "injuries, inflicted on a child which cause or create a substantial risk of death, disfigurement or impairment of bodily functioning. Such injuries indicate that a child has been wilfully injured, or, at a minimum, disciplined in an extremely abnormal manner" (p. 12).

(2) Inadequate protection of a child's physical well-being. In situations like this, assessment of risk requires an evaluation of the danger of the negligence resulting in injury or ill-health, as well as the likelihood that help could be beneficial.

(3) Emotional neglect, which involves child rearing practices which will seriously negatively affect a child's emotional development, is a highly contentious category. It should be noted that many commentators (for example, Goldstein, Freud and Solnit, 1973) argue that the conditions leading to risk of emotional damage are too little known to justify any assessment of risk for purposes of choosing between placement or support services.

(4) Sexual abuse. This criterion poses a definitional problem inasmuch as a good deal of our behaviour can be considered to have a sexual aspect, including healthy expression of affection within families. The issue is

further complicated because cultural norms regarding acceptable behaviour vary considerably, and also because the extent of damage (degree of risk) associated with various forms of sexual abuse is not very well known. Nevertheless, Wald concludes that risk of serious damage exists when "extreme" forms of sexual abuse are known to have occurred (for example, intercourse, oral-genital contact, masturbation), when these or less severe forms of abuse occur along with other forms of physical abuse, and when the perpetrator is a family member.

(5) Failure to provide medical care is identified as a separate category of neglect because it sometimes occurs in families that do not maltreat children in any other way, notably those whose religious convictions require that they refuse specific kinds of treatment. Whatever legal constraints may be in place, the logical position to take must be that this is a form of neglect that can be evaluated for degree of risk on the same basis as any other -- the question is whether or not the child is in danger of sustaining a serious illness or injury.

(6) Contributing to delinquent behavior refers to situations where "the child is committing delinquent acts as a result of parental pressure, guidance or approval" (p. 19).

When children are abused or neglected in any of the ways identified above, support and treatment service should be attempted unless the child is physically abused, the victim of extreme sexual abuse (according to the descriptions offered), or has been clearly endangered in any of the ways specified, and there is reason to believe that the child cannot be protected from further danger if he or she remains at home (cf. Wald, 1982). This position is consistent with much current legal thinking about appropriate grounds for removal of children from their parents' care, and it is also supported by practitioners and researchers who are aware of the emotional costs that separation exacts, as well as the difficulties involved in providing children with acceptable alternatives (Goldstein, Freud and Solnit 1973).

There are dozens of checklists available which attempt to summarize the indicators associated with abuse, neglect, and sexual abuse (a recent Delphi Study, unpublished, by MCSS; Coombes et al., 1978). While these various indicators have been associated with child maltreatment, no single factor is a powerful predictor of maltreatment, so while they may alert a practitioner to possible abuse or neglect, they do not constitute strong evidence.

5.4 Assessing Family Problems, Resources and Competence

While support tends to increase or maintain the integrity of the family, there are in all families various factors operating in the opposite direction. The severity of the effect of these pressures is partially a function of the family's resources and ability to cope and partially a function of the extent of actual problems. If problems are greater than a family's resources and coping ability, deterioration occurs in a family's level of organization and performance of functions such as child-rearing (Garbarino & Gilliam, 1981). The purpose of support services is to increase the family's ability to cope to the point where its organization and functioning are restored.

Once a family is designated a candidate for case-based support and treatment, other assessment questions become important for determining what client needs treatment will address. As noted, an adequate understanding of the maltreatment situation may include assessment of:

(1) Family problems,

(2) Family resources,

(3) Family competence.

Problems

It is useful to consider family problems commonly observed in abusing families, especially those that are amenable to support service and treatment.

There are changes that families have to adapt to as a normal consequence of their member's aging. For example, abuse is sometimes associated with children entering "toddlerhood" or adolescence. There may even be patterns of abuse associated with developmental stages (Garbarino & Gilliam, 1981):

(1) Abuse throughout childhood and adolescence,

(2) Abuse that occurs only in adolescence,

(3) "Mild" childhood abuse that worsens or escalates in adolscence,

(4) Abuse in toddlerhood, followed by a moratorium, with reoccurrence in adolescence.

Such patterns are noteworthy because they may suggest different treatments and prognoses. Developmental events other than "toddlerhood" and adolescence may adversely affect child-parent interactions, acting as a "trigger" for abuse or neglect. These may include virtually anything: pregnancy, the birth of a new child, or the loss of some member of the extended family, for example.

Family structure should be considered in assessment because of indications that particular types may be more vulnerable than others. Four common structural features of abusing families are:

(1) Single parents;

(2) Youthful parents (mother under 18);

(3) Step-parent or adoptive parents;

(4) Unstable family composition.

Family dynamics which are associated with maltreatment of children should also be assessed. The empirical and practice literature previously cited identifies a few common features associated with maltreating families. Seven such dynamics (Kempe et al., 1980, Kadushin and Martin, 1981) in maltreating families are:

(1) Chronic marital conflict (especially spousal violence);

(2) Inability of mother to respond empathically to child's dependent or aggressive behaviours;

(3) A common sequence of behaviour between parents and the child which begins with misbehaviour by the child, an ineffectual parental attempt to control the behaviour, and escalation of conflict culminating in abuse;

(4) Unrealistic expectations of child coupled with low frustration tolerance on the part of parents (propensity toward anger);

(5) A disrupted generational hierarchy, or "role-reversal" situation, in which the child is expected to meet the parents' emotional needs;

(6) Poor "emotional climate", including low frequency of parent/child communication, over-reliance on punitive forms of discipline and reluctance to offer praise, absence of affection, strong tendency to express anger through rejection and withdrawal;

(7) Scapegoating.

Individual characteristics of family members that are often associated with a maltreating parent (Polansky, 1981, Kadushin and Martin, 1981; Coombes et al., 1978) are:

(1) Parent has history of violence;

(2) Parent has history of incarceration;

(3) Alcohol and other addictions;

(4) Chronic or acute physical health problems in parent or child,
(5) Parental personality characteristics: dependency, "immaturity", impulsivity, hopelessness, rigidity,

(6) Mental illness, especially psychotic episodes or other conditions requiring hospitalilization,

(7) Parental attitudes toward children characterized by a sense of "ownership" and placing a high positive value on harsh discipline. These may be expressed through harsh and unusual punishments (e.g., forced isolation of the child for extended periods),

(8) Behavioural problems in child,

(9) Presence of other serious disorders in children, such as retardation, autism, hyperactivity,

(10) Parental history involving abuse, especially incest.

Finally, there are a number of conditions external to the family which are consistently associated with the incidence of child maltreatment. Not surprisingly, most of these conditions are inextricably linked to poverty (Polansky, 1981, Stein et al., 1978; Garbarino and Gilliam, 1981; Holmes and Rahe, 1967). Some of these are:

(1) Unavailable or inadequate employment;

(2) Insufficient funds for food, shelter, medical care,

(3) Impoverished home environment, e.g., lacks stimulation, adequate space, etc,

(4) Significant change in financial situation;

(5) Conflict with social agencies (police, schools, financial assistance agencies, etc.);

(6) Conflict with employer or work colleagues;

(7) Conflict with friends or extended family;

(8) Immediate neighbourhood lacks resources for children, e.g., parks, playground, other children;

(9) Immediate neighbourhood lacks resources for parents, e.g., babysitting, daycare, medical care, peer contacts;

(10) Recent move to a new neighbourhood.

Assessing Family Resources

The resources which are important to a maltreating family can be considered as existing within the family system, or as resources external to the family but available to it. It is not surprising that the most frequently noted resources are a sort of mirror image of previously noted problems. The families are free from poverty, personal psychopathology, family conflict and unstable family structures. Internal family resources comprise the strengths of individuals in the family as well as positive aspects of family relationships.

The list of "family strengths" provided by Bertsche et al. (1982) is reasonably representative of others in the literature:

(1) Adequate intellectual capacity, especially with reference to parent(s);

(2) Physical health;

(3) Motivation to change;

(4) Capacity for problem-solving (in any area);

(5) Ability to relate to others, especially a willingness to receive help, and to express affection;

(6) Emotional stability;

(7) Understanding and use of appropriate discipline;

(8) Awareness of children's developmentally-determined needs and capabilities.

External family resources refer to material supports, and informal or formal social supports available to the family. They include the extended family, "networks" of friends and neighbours or co-workers, and organized social services. Clearly, the CAS worker is a potential resource in this category (Bertsche et al., 1982; Stein and Gambrill, 1980; Stein, undated):

(1) Neighbours or friends who can and will provide practical help or emotional support;

(2) Members of the extended family who are accessible, able and willing to provide practical and/or emotional support;

(3) Neighbours or adult members of the extended family to whom the child(ren) in the family can turn for help or support;

(4) Co-workers;

(5) Recreational resources accessible to the family;

(6) Formal resources that could alleviate particular stresses, e.g., school, daycare, special education, physical and mental health programs, various "skill-training" programs, church groups, financial support programs, homemaker services, organized self-help groups.

Assessing Family Competence

The concept of competence is introduced as a separate assessment issue, because it highlights the family's ability and motivation to make use of available resources.

Most of the variables that must be considered in assessing the capacity of a family to change have already been introduced as family strengths and resources. The difference is one of focus -- what strengths does the family possess which will be important in its efforts to change.

Some commonly cited (Kempe _et al_., 1980; Coombe _et al_., 1978; Jansen and Harris, 1980; Sherman _et al_., 1973) indicators of family competence are:

(1) Capacity to use help from various sources, as opposed to a strong preference for dealing with problems in isolation;

(2) Willingness to discuss problems openly;

(3) An adequate level of structure and organization;

(4) Ability to form and maintain social relationships with prosocial groups;

(5) Capacity for insight into individual and shared responsibility for problems, both intellectually and emotionally;

(6) A past history that includes more adequate functioning (evidence that current dysfunctions are in part situational and "acute");

(7) Acknowledged anxiety about maltreatment situation as opposed to blanket denial of the maltreatment and its consequences;

(8) A positive "emotional climate" within the family.

5.5 Approach to Structuring Treatment

As has been noted earlier, the range of treatments offered to maltreating families comprise the full range of casework and group work interventions. What differentiates family support from the worker's perspective is a question of focus rather than any distinguishable set of techniques. Workers are engaged in family support when their purpose is the maintenance or restoration of the natural family unit rather than arranging long-term alternative care for children which supplants the natural parents.

In the empirical literature on counselling, it is common to distinguish nonspecific from specific treatment variables (Strupp, 1970). Nonspecific factors are general aspects of the worker-client relationship, and are seen by some as primary determinants for success. Specific factors are particular techniques or treatment plans which address defined problems and are intended to bring about a specified change.

Successful outcomes are associated with cases in which the worker manages to establish a relationship that:

(1) Is reasonably friendly and respectful as opposed to antagonistic or punitive (the worker's attitude toward the parents is obviously important, see Goetzel et al., 1982),

(2) Is characterized by high frequency of contact and easy accessibility (Jenkins et al., 1981);

(3) Deliberately allows (even encourages) a degree of dependency that may not be considered desirable with other types of clients (Polansky et al., 1981);

(4) Permits the worker's role to be seen as primarily positive. One way of accomplishing this is to separate family support functions from investigatory and quasi-legal responsibilities, by assigning these functions to different workers. In any event, the worker needs to be perceived by the family as someone whose primary interest is in promoting the family's integrity rather

than as someone whose purpose is to police their behaviour with the danger of "punitive" action present as a major aspect of the worker-family relationship;

(5) Includes a clear sense of direction, inasmuch as the goals of treatment are clearly defined and shared by the client (Stein *et al*., 1978).

Differences in the emphasis placed on a range of specific interventions are what distinguish the major models of treatment that direct intervention. In the general literature on counselling and psychotherapy there have been conflicting claims over the past thirty years which favour one treatment approach over others, but recent comprehensive analyses do not support such conclusions. For example, a "meta-analysis" of some 450 controlled outcome studies on the effects of counselling and psychotherapy (Smith *et al*., 1980) concluded that all major treatment models have demonstrated at least moderate success, and that there is no empirical basis for arguing the superiority of specific approaches. As methods for reviewing research become more sophisticated (and as evidence accumulates) a similar conclusion appears to be emerging with respect to outcomes of social work intervention (Reid and Hanrahan, 1982). Finally, the picture with respect to the empirical and practical literature in the area of child welfare is essentially similar: a number of approaches have been assessed and have documented a degree of success. The best conclusion seems to be that a flexible range of services and treatments should be drawn upon when planning for a particular case, depending upon the family's assessed needs and level of competence. It is in the interests of assuring the most effective and efficient selection of services which respond to appropriate needs that the popular emphasis on a systematic, structured approach to case planning has emerged. Evidence for the utility of systematic goal-oriented planning as a general approach has been provided by evaluations of projects such as the Alameda project (Stein *et al*., 1978), although there is little evidence for the efficacy of particular techniques that are employed within the more general framework. While more supporting empirical evidence would clearly be desirable, there are concrete points to be made in favour of the approach:

(1) The focus is on problems to be solved rather than on parental pathology. It is noted that parental pathology is not excluded from the general picture, but is not given the prominence that workers have accorded the variable in the past (Stein, 1978).

(2) The systematic delineation of problems and goals within a time-limited plan encourages early intervention, which has been shown to be important in predicting outcomes, for children in temporary foster care at least (Shapiro, 1976).

(3) Evidence comparing time-limited, goal-oriented treatment with less structured approaches indicates that they are generally equally effective (Reid and Shyne, 1969), in which case it is reasonable to choose the former on the basis of efficiency.

(4) An approach to treatment which specifies expected changes and the steps involved in achieving change can clearly be more effectively monitored. Problems with the plan can be addressed more quickly, accountability can be enhanced, the collection of data for evaluation purposes becomes more feasible and documentation is improved. Improved documentation should have benefits when cases are brought to court, and also when it is necessary to transfer cases from one worker to another.

(5) The approach offers a clearer framework than open-ended approaches, within which staff development, supervision and performance evaluation can be organized.

(6) The willingness of clients to involve themselves in aspects of the process (e.g., contracting) may provide useful additional assessment information which is predictive of success (Stein, 1978; Stein and Gambrill, 1980).

(7) At least one of the elements within the general approach, the contract, has some support from the empirical literature. Evidence for the relationship of contracts to outcomes is largely indirect (Rothery, 1978), although some direct evidence on their utility in child welfare work with natural parents is emerging (Stein _et al._, 1974, 1977).

The general approach to case planning has demonstrated its usefulness in two major demonstration projects: the Alameda Project (Stein _et al._, 1978) and the Oregon Project (Lahti, _et al._, 1978; Lahti and Dvorak, 1981). A third demonstration project that showed casework services to be successful has, unfortunately, not provided detailed information about approaches to service delivery employed (Jones _et al._, 1976). A number of training manuals have been based upon the work done in the Alameda and Oregon projects (e.g., Downs and Taylor, 1978; Stein, undated), in which essentially similarly structured, time-limited interventions are described. The material that follows is based largely on such sources.

The process of intervention can be considered as consisting of several general tasks, six of which are important in family support work:

(1) Identify the parents' objectives for the child's future;

(2) Construct a profile of problems and resources;

(3) Establish (perhaps priorize) goals;

(4) Contract;

(5) Provide treatment and support services;

(6) Evaluate;

(7) Follow-up.

The first of these tasks is self-explanatory. The second constructing a profile of problems and resources, requires some elaboration:

(1) The factors identified are only those which bear some apparent relationship to the maltreatment of child(ren). Thus, the goals of intervention are not to bring the family to some arbitrary standard of functioning, but to deal with the problems that cause or support the specific maltreatment (Stein et al., 1978).

(2) The resources identified will be those that, hypothetically at least, will help the family cope more effectively.

(3) With many families, while treatment is time-limited, the need for support may not be. Thus, the resources identified (active or potential) should, for these families, be available in the long-term (Garbarino & Gilliam, 1981).

(4) Outcomes are enhanced when the family sees its problems as manageable - they should not be presented with a list of changes that is defeating in scope (Gambrill and Stein, 1981). Also, there is evidence that outcomes are enhanced when a range of services responding to a range of needs is provided (Jones et al., 1976).

(5) The profile of problems and resource is not a static document, and its relation to maltreatment will not always be known with confidence. Intervention is, in large measure a recursive, hypothesis-tesing process resulting in a refined assessment of the family as interventions are evaluated (Bross, 1982).

(6) Stein et al. (1978) cite studies which indicate that workers typically obtain a good deal of superfluous assessment information. A comprehensive list of commonly observed problems is a necessary guide to assessment because of the heterogeneity of maltreating families, but does not imply that any one family will have concerns in most areas.

(7) In families where the history involves abuse serious enough to put the child at risk, the sufficiency of the resources provided may be of critical importance. One small retrospective study of cases where treatment failed to prevent subsequent damage to the child (including death) suggest that workers dealt with an insufficient range of problems (Smith & Hocking, 1981). This has additional implications for case management which will be touched on below.

(8) The construction of a problem/resources profile is obviously at best a collaborative effort, in which the family is actively involved. The willingness or ability of the family to engage in this process may be an important indicator for success (Stein et al., 1978).

Establishing and priorizing goals is elaborated in the literature as follows:

(1) Goals need to be stated in reasonably operational terms, such as concrete changes in the family circumstances or clear behavioural changes in family members (Gambrill & Stein, 1981).

(2) Data from the Oregon project illustrate that the successful return of children to their natural parents does not depend on permanent resolution of problems so much as an increase in the family's ability to cope with them effectively (Lahti and Dvorak, 1981).

(3) The priorization of goals will depend on a number of considerations. When a family is in acute crisis, goals associated with restoring stability will normally take precedence. In other situations, it may be possible to order goals in terms of their importance vis-a-vis the maltreatment situation. A further consideration has to do with the family's own perception of which goals are most important -- where possible, motivation will be enhanced if the family's sense of priorities is given precedence over the agency's. Finally, goals may be ordered in terms of accomplishability; the family's sense of competence can be reinforced if goals are priorized so as to assure early success by accomplishing relatively easy tasks, with more difficult tasks postponed until confidence has developed.

(4) The desirability of priorizing goals does not preclude the fact that a series of goals may be addressed simultaneously.

(5) Goals can be roughly categorized into two types: primary goals are the ultimate purpose that intervention is supposed to accomplish, while secondary goals define tasks that need to be accomplished in the service of primary goals.

Developing a contract refers to an explicit statement covering the goals in intervention, the resources that will be mobilized to achieve these goals, and the steps to be taken by all concerned toward goal attainment. Contracting is a complex process (Rothery, 1978) and several aspects are important for family support.

(1) To the extent possible, all members of the family should be involved in agreeing to the contract, with involvement of the parent(s) being most critical.

(2) The contract is not static. Frequent amendments may be required as circumstances or the assessment of problems and resources change (Gambrill and Stein, 1981).

(3) The contract should specify times at which progress toward agreed goals will be evaluated (Stein et al., 1978).

(4) The contract should specify consequences associated with success or failure in achieving specified goals (Stein et al., 1978).

(5) Contracts should emphasize parental responsibility (and competence) in solving problems associated with their family (Lahti and Dvorak, 1981).

(6) Contracts may be developed involving any combination of actors in the intervention plan, including the worker, the family as a unit, the parents as a unit, individuals within the family (including children), and collateral support services. In each case, of course, goals are defined and responsibilities agreed to.

(7) Contracts are developed with careful attention to their feasibility -- they must be seen to be accomplishable by all parties concerned.

(8) Where collateral resource are involved, especially "informal" supports, contracts involving as much reciprocity as possible are desirable. Benefits to all parties concerned need to be built in and specified wherever possible.

(9) The relationship of the contract to the ultimate goals of intervention should be clearly understood by the worker and the family. Included in this is a shared

understanding of the relationship of particular goals to the presenting problem (child maltreatment).

(10) In most cases, for enhanced outcomes and case management, written contracts are preferred (Stein et al., 1978).

The provision of treatment and support services follows naturally from the contracts that are developed. The general non-specific factors that contribute to effective services have already been outlined, as has the difficulty of specifying particular interventions. In Chapter Two, the range of supports that may be appropriate is outlined, along with indications as to where the best sources of such supports may be found within the client family's formal and informal networks.

Logically, one can suggest that a large part of treatment and support services is a question of providing resources that are consistent with the family's assessed needs. Thus the contract that is implemented in a given case will be, ideally, the best possible match between a family's needs and whatever resources are available, always with the family's competence or ability to utilize the resources effectively included in the equation. In practical terms, while research can examine the extent to which such systematic planning takes place, the actual content of the plans pursued is open to so much individual variation that general guidelines allowing for evaluation of their content are not likely to be available. This is an aspect of practice where the critical factors are expertise and sound professional judgement, factors which are difficult to reduce to sets of discrete indicator variables.

Given such limitations, there are a few rather basic questions that can be asked with respect to support services given client families (Stein, undated):

(1) Are collateral resources willing to work toward changes established by child welfare staff?

(2) Are the selected services logically related to the task of eliminating identified problems?

(3) Is there concrete evidence that the service is needed?

(4) Are the services feasible, given the client family's competence?

(5) Are the services acceptable to (agreed to) by the client?

Evaluating the results of intervention is obviously important with respect to both intermediate and long-term goals. Progress with respect to intermediate goals is logically related to the terms of various secondary contracts, and is a collaborative process involving the family. The information obtained is useful in a number of ways:

(1) It may be used to reinforce the family's sense of competence;

(2) It provides early information as to whether the interventions provided are working or not, and indicates when re-planning is called for;

(3) It will contribute additional assessment information respecting all aspects of the family situation;

(4) It provides a clear and useful focus for supervision and decision making;

(5) It provides a framework within which to detect probable treatment failure relatively quickly, so that possible alternatives to family support services can be explored.

Evaluation of the achievement of long-term goals involves two general questions. The first is whether there is adequate concrete evidence that specified goals have been achieved, the second is consideration of whether or not these goals have proved sufficient for preventing subsequent maltreatment.

Evidence from the Alameda, Oregon, and New York projects indicates that the benefits families obtain from intervention will be sustained in a majority of cases (Stein and Gambrill, 1980; Jones et al., 1976; Lahti et al., 1978). There is, however, also evidence that periodic additional service may be required (Lahti and Dvorak, 1981), and follow-up contacts will be valuable in such cases, as well as in the minority of cases where more serious attenuation of benefits occurs.

Adequate evaluation and follow-up will obviously benefit from the collection of baseline data regarding problem areas. This requirement is, apparently, often ignored in practice (Stein et al., 1978).

5.6 Considerations Concerning Case Management at a Supervisory Level

The general approach to intervention outlined above has good support on empirical and practical grounds. Experience in jurisdictions where it is employed, however, indicates that implementation of the model is likely to fail unless appropriate support and supervision are available to workers within the agency that employs them. Adequate supervision and case monitoring (i.e., "case management") at this level is critical if interventions are to be structured as proposed (Stein et al., 1978).

The general principles of case management have been discussed in reference to family support to the developmentally handicapped (MCSS, 1982). With reference to child protection, structures and procedures need to be in place which provide workers with regular consultation at each stage of the intervention process, focussing on:

(1) Assessment -- especially whether adequate information and baseline data have been obtained in the areas of possible problems, potential resources, and family competence.

(2) Constructing a problem profile and priorizing problems -- especially with attention to the principles of necessity, sufficiency, and feasibility.

(3) Contracting and implementation of support/treatment services -- especially with respect to the clarity of the contract, the feasibility of the treatment plan, and the relationship of the plan to the over-all objectives of intervention. Equally important is a provision for planned periodic review of progress toward intermediate goals. Finally, careful attention is paid to the worker's responsibility in relation to the contract.

(4) Evaluation and follow-up -- especially with respect to the careful weighing of concrete evidence regarding goal achievement and the sufficiency of the interventions vis-a-vis the protection of the child.

With respect to evaluating the sufficiency of goals defined and attained, there is recent evidence from one study (Smith and Hocking, 1981) that this may be especially important in cases where the child has been at significant risk of serious injury. Their retrospective analysis of a small number of cases where interventions were considered successful but where children were subsequently badly abused suggest five areas that monitoring of goals and goal attainment should address:

(1) Insufficient definition of initial problems "creates a bias which becomes more pronounced through time" (p. 276). The consequence is that successful achievement of goals fails to result in a cessation of abuse.

(2) A "focus on strengths and progress conceals areas of malfunctioning in the family" (p. 276).

(3) "Attention is often paid to the possible danger to one child in the family at the expense of recognizing danger to others" (p. 277).

(4) "Concentration on one adult as ⌊the⌋ possible aggressor obscures the contribution of others" (p. 277).

(5) The "influence of any changes in family composition is not sufficiently considered" (p. 277).

Problems such as these point to the possibility of a collusive process involving the family and professionals whereby an inadequate assessment of risk is maintained for reasons that, in less severe cases, would characterize good practice. The conclusions drawn by Smith and Hocking do not constitute an argument against these principles, but they do highlight the importance of adequate monitoring of intervention by peers or supervisors whose role and responsibility is to contribute an objective evaluation of the sufficiency of services offered.

5.7 Summary

The material discussed in this chapter and elsewhere in this review supports the desirability of case-based services, although the review of the literature has not uncovered any distinct approach to intervention in family support work. The approach is defined by its focus more than by its technique.

A number of generalizations about "nonspecific" factors that characterize family support interventions are useful in evaluating practice:

(1) Support services should focus on the natural family as the child's preferred source of care.

(2) Services should include a range of supports, including counselling, concrete help, skill development, and the mobilization of informal supports that can reduce social isolation.

(3) Intensive services quickly delivered are desirable, often followed-up by longer-term ongoing supports from various sources.

No generalizations are justified as to the specific kinds of services and supports that will represent a "best fit" with specific kinds of families. A particular way of structuring services has been associated with success in demonstration projects, and has several practical advantages as well. Our review of the literature provides guidelines against which one can compare services provided with respect to:

(1) The adequacy of the assessment of family problems, resources and competence;

(2) The extent to which plans are developed which relate available resources to family support needs;

(3) The extent to which adequate evaluation of progress is undertaken;

(4) The extent to which adequate follow-up procedures are being employed, including attention to possible needs for ongoing supports from alternative sources.

Finally, our review indicates that supervisor-worker case management procedures should be employed. This area overlaps with considerations of how intervention is structured. To the extent that family support is being case-managed, it is imperative to determine:

(1) The extent to which consultation is used to review such issues as adequacy of assessment, appropriateness of target problems, the adequacy of support services mobilized, and so on.

(2) The extent to which explicit contracts between workers, clients and resources are encouraged and monitored, including necessary amendments as work progresses.

(3) The extent to which consultation systematically reviews the sufficiency and the adequacy of the services provided and the family's ability to use these effectively.

(4) Whether systematic evaluation and follow-up procedures are employed which focus on the degree to which presenting problems have been ameliorated and progress sustained.

The criteria against which practice can be evaluated have some established validity, they provide an acceptable basis on which to make informed judgements about what is being done well and where gaps in service exist. Successful outcomes are associated with cases in which the worker manages to establish a relationship that:

(1) Is reasonably friendly and respectful as opposed to antagonistic or punitive; the worker's attitude toward the parents is obviously important (see Goetzel et al., 1982).

(2) Is characterized by high frequency of contact and easy accessibility (Jenkins et al., 1981).

(3) Deliberately allows (even encourages) a degree of dependency that may not be considered desirable with other types of clients (Polansky et al., 1981).

(4) Permits the worker's role to be seen as primarily positive.

(5) Includes a clear sense of direction inasmuch as the goals of treatment are clearly defined and shared by the client.

5.8 References

Alexander, J. and Parsons, B.
"Short-term intervention with delinquent families: Impact on family process and recidivism"
Journal of Abnormal Psychology, 81(3):1973, 219-224.

Anderson, S. and Lauderdale, M.
"Characteristics of abusive parents: A look at self-esteem"
Child Abuse and Neglect, 6(3): November, 1982, 285-294.

Berkeley Planning Associates
Evaluation: National Demonstration Program in Child Abuse and Neglect
Berkeley, Ca.: Berkeley Planning Associates, 1977.

Bertsche, J., Clark, F., Iversen, M.
Using Informal Resources in Child Protective Services: A Self- Instructional Guide
Ann Arbor, Michigan: National Child Welfare Training Center, 1982.

Boem, B.
"An assessment of family adequacy in protective cases"
Child Welfare, 41(1):1962, 10-16.

Briar, S.
"Clinical judgment in foster care placement"
Child Welfare, 42(3):1963, 161-169.

Bross, A.
Family Therapy
Toronto: Methuen, 1982.

Carroll, C.
"The social worker's evaluation"
in B. Schmitt (ed.), The Child Protection Team Handbook
New York: Garland STPM Press, 1978.

Coombes, P., Chipley, M. and Archer, B.
"The Incadex approach to identifying problems and evaluating impact in child protective services"
Child Welfare, 57(1):1978, p. 41.

Coombes, P., McCormack, M., Chipley, M. and Archer, B.
"Are we protecting children? An approach to measuring impact in protective services"
Child Abuse and Neglect, 4(2):1980, 105-113.

Doherty Social Planning Consultants
Research on Treatment Effectiveness
Toronto: Unpublished, 1982.

Downs, S. and C. Taylor (eds.)
Permanent Planning in Foster Care: Resources for Training
Portland, Oregon: Regional Instititue for Human Services, 1978.

Engler, A.
"If you care about children, then care about families", in S. Downs and C. Taylor (eds.) Permanent Planning in Foster Care: Resources for Training
Portland Oregon: Regional Research Institute for Human Services, 1978.

Engler, A. & Shneewind, K.
"Causes and consequences of harsh parental punishment"
Child Abuse and Neglect 6(2):1982, pp. 129-139.

Finkelhor, D.
"Risk factors in the sexual victimization of children"
Child Abuse and Neglect, 4(3):1980, 265-273.

Fischer, J.
Effective Casework Practice: An Eclectic Approach
New York: McGraw-Hill, 1978.

Fitch, M.
Prospective Study in Child Abuse: The Child Study Program
Denver, Colorado: Developmental Education Center, 1977.

Gambrill, E. and Stein, T.
"Decision making and case management: Achieving continuity of care for children in out-of-home placement", in A. Maluccio and P. Sinanoglu (eds.), The Challenge of Partnership: Working with Parents of Children in Foster Care
New York: Child Welfare League of America, 1981.

Garbarino, J. and Gilliam, G.
Understanding Abusive Families
Toronto: Lexington Books, 1981.

Goetzel, R., Fein, E., Maluccio, A. Bishop, G., Armstrong, B.
Reunification of Families: A Study of Services and Supports
Hartford, CT: Child & Family Services, 1982.

Goldstein, J., Freud, A., and Solnit, A.
Beyond the Best Interests of the Child
New York: The Free Press, 1973.

Hollis, F.
Casework: A Psychosocial Therapy (2nd Edition)
New York: Random House 1972.

Holmes, T. and Rahe, R.
"The social adjustment rating scale"
Journal of Psychosomatic Research, 11(2):1967, 213-218.

Jansen, C. and Harris, O.
Family Treatment in Social Work Practice
Itasca, Illinois: F.E. Peacock, 1980.

Jenkins, S., Schroeder, A., Burgdorf, K.
Beyond Intake: The First Ninety Days
Washington, D.C.: Department of Health and Human Services, 1981.

Jones, M., Newman, R., Shyne, A.
A Second Chance for Families: Evaluation of a Program to Reduce Foster Care
New York: Child Welfare League of America, 1976.

Justice, B. and Justice, R.
The Abusing Family
New York: Human Sciences Press, 1976.

Kadushin, A. and Martin, J.
Child Abuse: An Interactional Event
New York: Columbia University Press, 1981.

Kempe, R. and Kempe, H.
"Assessing family pathology"
in R. Helfer and C. Kempe (eds.), Child Abuse and Neglect
Cambridge, Mass.: Ballinger Pub. Co., 1976.

Kempe, H., A. Franklin and C. Cooper (eds.)
The Abused Child in the Family and in the Community (vol. 1)
London: The Pergamon Press, 1980.

Lahti, J. and Dvorak, J.
"Coming home from foster care",
in A. Maluccio and P. Sinanoglu, The Challenge of Partnership: Working with Parents of Children in Foster Care
New York: Child Welfare League of America, 1981.

Lahti, J., Green, K., Einlen, A., Zendry, J., Clarkson, Q., Kuehnel, M., Casciato, J.
A Follow-Up Study of the Oregon Project
Portland, Oregon: Regional Research for Human Services (Portland State University), 1978.

Ministry of Community and Social Services
Key Elements of a Family Support/Case Managment Model
Toronto: Government of Ontario, 1982.

Minuchin, S. and Fishman, C.
Family Therapy Techniques
Cambridge, Mass.: Harvard University Press, 1981.

Patterson, G., Cobb, J., Ray, R.
"A social engineering technology for retraining the families of aggressive boys",
in H. Adams and I. Unikel (eds.), Issues and Trends in Behavior Therapy
Springfield, Illinois: Charles C. Thomas, 1973.

Polansky, N., Chalmers, M., Buttenwieser, Z. and Williams, D.
Damaged Parents: An Anatomy of Child Neglect
Chicago: University of Chicago Press, 1981.

Reid, W.
The Task-Centered System
New York: Columbia University Press, 1978.

Reid, W. & Hanrahan, P.
"Recent evaluations of social work: Grounds for optimism"
Social Work, July, 1982, 328-339.

Reid, W. & Shyne, A.
Brief and Extended Casework
New York: Columbia University Press, 1969.

Rogers, S.
"Enforced social isolation as a contributory factor in child abuse" Child Abuse and Neglect, 4(1):1980, 39-44.

Rothery, M.
"Contracts and contracting"
Clinical Social Work, 8(3):Fall, 1980.

Shapiro, D.
Agencies and Foster Children
New York: Columbia University Press, 1976.

Shapiro, D.
Parents and Protectors: A Study of Child Abuse and Neglect
New York: Child Welfare League of America, 1979.

Sherman, E., Phillips, M., Haring, B., Shyne, A.
Service to Children in Their Own Homes: Its Nature and Outcome New York: Child Welfare League of America, 1973.

Smith, J. and Hocking, E.
"Index of concern: An instrument for use in treatment of cases of physical abuse of children"
Child Abuse and Neglect, 5(3):1981, 275-279.

Smith, M., Glass, C., and Miller, T.
The Benefits of Psychotherapy
Baltimore: The Johns Hopkins University Press, 1980.

Stein, T. and Gambrill, E.
"Facilitating decision making in foster care: The Alameda project" Social Service Review, 51(4):1977, 502-513.

Stein, T. and Gambrill, E.
"The Alameda Project: Two-year report and one-year follow-up"
in H. Kempe, A. Franklin and C. Cooper (eds.), The Abused Child in the Family and in the Community, (vol. 1)
London: The Pergamon Press, 1980.

Stein, T., Gambrill, E., and Wiltse, K.
"Foster Care: The use of contracts"
Public Welfare, 32(1):1974, 20-25.

Stein, T., Gambrill, E., and Wiltse, K.
"Contracts and outcome in foster care"
Social Work, 22(2):1977, 148-149.

Stein, T., Gambrill, E., and Wiltse, K.
Children in Foster Homes: Achieving Continuity of Care
Toronto: Praeger, 1978.

Stein, T. and Rzepnick, T.
Decision Making at Child Welfare Intake: A Training Manual
University of Illinois (Jane Addams School of Social Work), Chicago: Unpublished, undated.

Strupp, H.
"Specific vs. nonspecific factors in psychotherapy and the problem of control"
Archives of General Psychiatry, 23 November, 1970, pp. 780-788.

Sudia, C.
"What services do abusing and neglecting families need?"
L. Pelton (ed.), The Social Context of Abuse and Neglect
New York: Human Sciences Press, 1981.

Wald, M.
"State intervention on behalf of endangered children - a proposed legal response"
Child Abuse and Neglect, 6(1):1982, 3-45.

Wayne, J. and Avery, N.
Child Abuse: Prevention and Treatment Through Social Group Work Boston: 1980.

Wolock, I.
"Community characteristics and staff judgements in child abuse and neglect cases"
Social Work Research and Abstracts, 18(2):1982, 9-15.

Chapter 6

FAMILY SUPPORT IN THE ONTARIO CHILDREN'S AID SOCIETIES

6.1 Introduction

Previous chapters of this report provide a broadly based view of what is currently known about family support and about the applications of this knowledge in work with families of maltreated children. This has been an extremely active area of inquiry in the past decade; information about research, innovations in practice, and evaluations of demonstration projects are reported with increasing frequency from a growing number of sources.

It should be recognized that most of this report, including inferences about the value of a family support emphasis, is based on information from jurisdictions other than Ontario. If the CAS system in Ontario is to receive the maximum benefit from the developments outlined earlier, it is necessary to study the application of family support methods in the Ontario context. This state-of-the-art report is a preliminary step for a study which proposes such an investigation. With the review of work from many jurisdictions providing a general framework for the inquiry, the intention is to gather information about what is being done in Ontario, how effective different programs and services appear to be and under what circumstances, where apparent gaps in services and resources exist (if any), and what might be done to facilitate the further development of services designed to support families within their communities.

This chapter provides a brief discussion of aspects of the Ontario context which any study of family support must take into account, followed by a general introduction to the planned study itself. Elements of the provincial context considered are:

(1) the changing social context within which support services must be provided;

(2) the "policy environment" within which support services are developed and maintained;

(3) characteristics of the Ontario CAS system relevant to the development and delivery of family support services.

Each selected aspect is obviously complex enough to preclude a thorough discussion here. Our intent is simply to identify in an illustrative way the range of contextual considerations that are most likely to be relevant.

6.2 The Social Context Affecting Support Services

It is clear that the role and responsibilities of the Ontario CASs have changed in recent decades in response to significant changes in society itself. Obviously, the process of adaptation will continue in the future, and some current social trends seem especially pertinent to the development of family support services. For example, a draft ministry discussion paper titled, "The Funding of Community-Based Resources and Services" (MCSS, 1982) suggests four changing conditions affecting child care in the 1980s: (1) the proportion of households with children has decreased to the point where they are now in the minority; (2) the traditional two-parent nuclear family, with strong ties to an extended family is much less clearly the norm today than it was in the past; (3) an increasingly large proportion of families with children in Ontario are immigrant families; (4) community life is increasingly segregated by age.

Observations such as these point to the possibility that families with children may be increasingly isolated from traditional sources of support that formerly came naturally from a marital partner, from an extended family, from other families with similar needs and concerns, or from a community with which a family had a long-standing connection.

It can also be inferred from such trends that community responsibility for child rearing may have to be encouraged rather than assumed. Increasingly, it may be appropriate for CASs to take the lead in promoting the development of community supports for families where these may previously have developed naturally. It is also likely that, in actively promoting such developments, the CAS agencies will encounter resistance. Encouraging family support may, in some cases, be an attempt to reverse trends that have become well established.

At the same time as naturally occurring family supports may be declining, the range of various formal and informal services available to families in many communities has increased markedly. While these are still not sufficient to meet the needs of many families served by CASs (MCSS, Survey of Resources and Services, 1981, unpublished) it seems that the context in which family support is provided includes more organized support services than was previously the case. It may be that it is more feasible now than formerly to support children in their families, at least in larger urban areas. Also, such observations may support the appropriateness of workers engaging in brokerage and advocacy on the part of families that are not as well connected to existing sources of support as they could be.

Finally, children's aid societies may appropriately take a leadership role in identifying the support needs of relatively socially isolated families and developing additional services where gaps exist. The survey of resources and services referred to above indicates that CAS personnel are well aware of a need, in many communities, for expanded day care, emergency shelters, family counselling, homemakers, and so on.

6.3 The Policy Environment and Family Support Services

Clearly, the development and maintenance of family support services is affected by governmental and agency policies. The policy "environment" created at each administrative level (ministry and agency) can be considered separately.

Government Policy Environment

Using various explicit statements of intent as indicators of policy, it seems clear that the provincial government is committed to an increased reliance on the use of support systems by the CAS to maintain the integrity of families. As an espoused policy, this is a position that appears to have developed for a number of reasons. Some of these reasons are ideological, some economic, and some reflect concern about how well served children have been by the heavier reliance on alternate sources of care that prevailed until recent years.

Using expenditures of money as an indicator of policy, it is noted that, in 1982, in care services consumed 70% of the CAS budget, while such services are directed to only 16% of children served (CAS Maintenance Report, 3rd Quarter, 1982). One consequence of this is an understandable tendency to place heavy emphasis on in care services in such reporting systems as service plans and management information services. A shift in expenditure towards out-of-care services may have significant implications for agency record keeping as well as reporting and control systems in both the agencies and the Ministry. But at present, little protection and prevention information is available from Ministry or agency information systems.

The question of how to finance family support programs in the CAS is an aspect of governmental policy that is obviously important to the continued development of such efforts. Innovations in budgeting procedures have been enacted in an attempt to promote the initiation of support programs, apparently with some success. The new budgeting methods have allowed the CAS to retain budget surpluses resulting from agency economies. Coincident with these changes has been a significant drop in the number of children in care across Ontario. The Ministry encouraged the CAS to invest these "surpluses" in "prevention programming". The Ministry also made "venture capital" available to "front-end" such new programs, withdrawing this funding after a couple of years with the expectation that such programs would cut in-care costs significantly and thus become self-supporting. However, concern persists in the field as to whether current funding arrangements are sufficient to promote long-term development of family support programs.

Agency Policy Environment

The general "philosophy of care" that prevails within a given agency is cited, by Ministry and field personnel alike, as an important factor in the development of support services and programs. Agency policies affecting family supports are in part an expression of basic assumptions about the importance of initiatives in that direction. Such policies are translated into numerous indicators, such as procedural norms regarding apprehension versus use of support services, administrative arrangements to facilitate program development, and availability of adequate supervisory support for workers engaged in family support work.

In determining a society's philosophy of care, the local director and staff obviously play a major role. For example, the level of support for workers who wish to implement new options may be a key to developing effective family support services.

An increased emphasis on family support in the children's aid societies reflects policy shifts towards serving the family as well as protecting the child. This changing focus is apparent in current policies, impending legislation and in a gradual acceptance, by agencies, of the name "Family and Children's Services".

A CAS is more than the implementing arm of government policies. It is, and always has been, a community agency responsible to a local board of directors and partially funded by municipal government. Not only is it directly responsible to the community, but no CAS is a service "island" in a community. It is dependent upon a host of other organizations in that community for referrals and family and child support resources. One very important component of CAS family support programming, is likely to be the Society's relationship to its community.

Additional government funding will not by itself create an increased emphasis on family support. The children's aid society must also have community support for programmatic changes. A key role of the society may be to interpret to the community the efficacy of an enhanced family support focus.

6.4 Characteristics of the Ontario CAS System

One important characteristic of Ontario's CAS agencies is their heterogeneity. The 51 societies are all to some extent unique, due to variance in such factors as size, geographical location, cultural differences in the communities and clientele served, history, and the size of the community setting. Providing child welfare services in Metropolitan Toronto is a different undertaking from providing the same services in Thunder Bay or Rainy River. Any study of family support services has to take such variance into account: Generalizations from one agency's experience to the entire Ontario CAS system requires a large measure of caution.

Provision of family supports may be affected by such factors as characteristics of the client population population, population density, the range of resources available, and the ways in which the CAS is viewed by the communities it serves. According to Ministry information systems, agencies from very different parts of Ontario report decreases in the proportions of children admitted to care in recent years. There are exceptions to this, and, predictably, there is considerable variance in reported rates of change as well as in the reported percentage of in-care cases in relation to the total caseloads.

Data such as these are difficult to interpret, but they lend support to agency reports of activities designed to lessen reliance on apprehensions in child protection cases. Agencies in their Service Plans attribute reduced admissions to care to not just family support programs but also to innovations in intake and admissions policy, changing demographics and to new management techniques. There is no evidence by which to judge whether current rates of admission to care will decrease further if family support programs are expanded. Also, there is very little information available on which judgements can be based with respect to the kinds of programs and services that have been successful under varying conditions found in Ontario, or to the special obstacles to developing such programs that have been encountered in different regions.

6.5 The Planned Study of Family Support Services

In response to the need for the kinds of information about family support services in Ontario indicated above, a study is being undertaken by the Ministry. The purpose of the study will be to acquire information about how family support services are being developed across the province, with particular attention to approaches that are seen as effective under conditions that are commonly encountered in Ontario.

The study will investigate a sample of open cases where family support services are being provided, with a subsequent follow-up which should provide supplementary information about outcomes. Along with the case review, there will be a study of selected special projects whose objectives include supporting families in which real or potential maltreatment of children has been an issue.

In keeping with earlier observations about the Ontario context, care has been taken to assure that the information obtained will be of value throughout the province. Agencies will be sampled according to size as well as geographical location, programs serving different age and ethnic groups will be studied, and information about the agency and community context within which services have been developed will be gathered. The outcome should be information about approaches to supporting families that is directly relevant to the work of all agencies in the Ontario CAS network.

6.6 References

Canzona, L. and McEachern, C.
"We asked .. and they told us"
OACAS Journal, 26(8):1982.

Garbarino, J. and Crouter, A.
"Defining the community context for parent-child relations: The correlates of child maltreatment"
Child Development, 49(6):1978.

Giovannoni, J.
"Prevention of child abuse and neglect: research and policy issues" Social Work Research and Abstracts, 18(3):1982.

Herberg, E.
West Indians in Toronto: Implications for Helping Professionals
Toronto: Family Service Association of Metro Toronto, 1980.

Hornick, et al.
Alternate Care, Community Child Care, Family Caring and Sharing, and Group Work Programs Study: Interim Report
Toronto: Metro Toronto CAS, 1982.

Ministry of Community and Social Services
Resources and Services (unpublished)
Toronto: Government of Ontario, 1981.

Ministry of Community and Social Services
Funding of Community-Based Family Response Services
Toronto: Government of Ontario, 1982.

Selig, A.
"Research and evaluation in community-oriented primary prevention programs"
Canada's Mental Health, 27(2):1979.

ADDENDUM TO CHAPTER 4

1. Formal Support Programs
2. CAS Programs
3. Informal Support Programs

ADDENDUM 4.1 - FORMAL SUPPORT PROGRAMS

SOURCE OF INFORMATION	PROGRAM DESCRIPTION/ INTERVENTIONS	CLIENTELE	PROGRAM CHARACTERISTICS/ REQUIREMENTS	PROGRAM OUTCOMES/IMPACTS
Maybanks & Bryce, 1979 (Ray Hawkins) 1 Magura, 1981	Comprehensive Emergency Services to Children, model program, Nashville, Tenn. -coordinate services offered neglected and abused children by public and private agencies -expand existing emergency services 1) 24 hr. emergency intake 2) emergency caretaker service 3) emergency homemaker service 4) emergency foster homes 5) emergency shelter for adolescents 6) emergency shelter for family 7) outreach & follow-through	children/ families-at-risk	-coordinating committee of various agencies -trained workers respond to crisis within one hour -time-limited care of children -per day or 24-hr. live-in homemaker service -caseworker assistance and service brokerage -auspices: Dept. of H.E.W. demonstration project	-reduced neglect and dependence petition by 50% (602-266) -increased non-petition cases 180% -No. of children under 6 in institution reduced from 180 to 0 -No. of children placed reduced by 51% (353-174) -readmission reduced 88% (196-23) -referrals increased 92% -net savings of $68,000 (13%) calculated on basis of placement averted only
Maybanks & Bryce, 1979 (Judith Evans) 2	The High/Scope Parent-to-Parent Model -community-based training and educational program for parents of young children -child developmental perspective	parents of young children	-home-visits weekly for one year to support parent's ability to observe & interpret children's behaviour -child development activities -agency trains supervisor (3 wks.) & supervisor trains home visitors -maintain cultural values of community -low-cost educational program	-evaluation in progress, results not presented
Maybanks & Bryce, 1979 (David Shearer) 3	The Portage Project: Home-Based Teaching of Parents of Developmentally Handicapped Children -assessment -home teaching	Parents of Developmentally Handicapped Children	-structured, concentrated interactions -auspices: regional educator agency -program serves 150 children up to 6 years of age with one or more developmental hardships -goal - behavioural objective, activity chart, teacher models technique, parent record keeping, evaluation	-92% record keeping by parents -average child (75 I.Q.) gained 13 mos. mental age in 8 mos. -greater gain than initial group children in mental age, I.Q., language, academic, socialization skills
Maybanks & Bryce, 1979 (Marion Wilson) 4	Home & School: Partners in Learning -early education program -3hr. Saturday school -weekly teaching visit in home -early problem identification	four-year-olds and parents	-auspices: demonstration project, Office of Education -700 clients -parents teach in school once in 6 weeks -teachers visit home once or twice weekly -parent skill development exercises at home -workers: support, befriend, teach, counsel	-gains averaged over 8 months -16 months intellectual growth -15 months language development -12 months in visual skill development -lowest scores gained the most -children's self image improved -increase in parenting ability -developmentally handicapped progressed to 85% chronolcgical age -retarded children - only 1 in 8 within level of retardation after 1 year -improved emotional status -tested through 4th grade-higher than control group.

SOURCE OF INFORMATION	PROGRAM DESCRIPTION/ INTERVENTIONS	CLIENTELE	PROGRAM CHARACTERISTICS/ REQUIREMENTS	PROGRAM OUTCOMES/IMPACTS
Maybanks & Bryce, 1979 (Gratia Koch) 5	Home-Based Support Services for the Developmentally Disabled: Family & Child Training (FACT) -counselling -recreation therapy -parent training -home assistance with practical tasks	families of developmentally disabled	-auspices: non-profit agency -5 hrs. per week of service per family -staff: coordination MSW, child case worker, educational consultant, recreational therapist -workers: extended family role, friend, teacher, counsellor	
Maybanks & Bryce, 1979 (Lou Roach) 6	Home Training Consultants for the Developmentally Disabled, Wisconsin -create family awareness -provide family support -home training -liaison	developmentally disabled and their families children up to 3 yrs. and 21 yrs. and older	-1 x or 2 x per week home visits -consultant provides counselling and assists family to develop skills -helps to locate resources -school liaison -auspices: school boards, social service depts., developmental disabilities boards	
Maybanks & Bryce, 1979 (Marylee Dunn) 7 Magura, 1981	Lower Eastside Family Union (N.Y.C.) -community services for minority families -case management -service interpretation -monitoring -self-help net works -crisis intervention -advocacy	families-at-risk of losing children (Hispanic, Black, Chinese) urban poor	-community-based -semi-private & public auspices -separate Board of Directors and Administration -4 staff teams provide brief crisis intervention & contractual long-term services -3 teams: leader, 5 case workers 5 homemakers, support staff (I Hispanic, II Asian, III Black & White) -1 team: leader paid and volunteer community residents -encourage informal supports, eg. baby sitting co-op -contracts and coordinates with other service providers	-only 11 of 193 high-risk situations required placement -17 of placed children returned home within 2 months (average for outside placement was 6 yrs.) -cost of project per child was $1,500.00; cost of placed child was $5,000 to $13,000 -some families require long-term supports but children remain at home -contractual agreement for joint service planning, training, information exchange neighborhood service network based on contracts
Maybanks & Bryce, 1979 (Mary Ann Fahl & Donna Morrissey) 8	Home & Community Treatment Program (H.C.T.), Mendota Model -provides an alternative to residential treatment -focuses on adult-child relationship -skill development -consultation to local groups -courses for local professionals -internal counselling training	-emotionally disturbed children 3-10 yrs. and their families	-auspices: Mendota Mental Health Institute, Wisconsin -method - formal evaluation 1 month -case planning meeting to get goals & contact -intensive treatment 4-6 months, 6-8 contact hrs. per week, skill development at center and parents practice at home, record log -phase-out 2-3 months, verbal input to parents to handle daily problems -average case duration 9.7 months -staff teams: social worker, psychology, special educator, early childhood, occupational therapy, nursing -each person case manager for 1 + cases + member of 1 + teams	

SOURCE OF INFORMATION	PROGRAM DESCRIPTION/ INTERVENTIONS	CLIENTELE	PROGRAM CHARACTERISTICS/ REQUIREMENTS	PROGRAM OUTCOMES/IMPACTS
Maybanks & Bryce, 1979 (Harriet Goldstein) 9	Volunteers in Home-Based Care -function as part of extented family -role model -counselling -day care services -life skills for disordered family	mostly blue-collar, single-parent families	-auspices: Ass'n of Jewish Children of Philadelphia -agency portrayed as client's extended family -method: help parents rear children, reflects tasks -support for day-to-day child development -assess parenting capacity -help parents express positive feelings and reduce sense of inadaquacy -evidence warm, caring attitude to child and parents -need realistic expectations, goals -need many kinds of helpers, warm caring people -volunteers: case aides, recreational aides, Big Brother/Sister Drive, educational assistant, child advocacy committee	
Maybanks & Bryce, 1979 (David Haapala & Jill Kinney) 10	Homebuilders Approach to Training of In-Home Therapists -intensive family crisis program -alternative to placement -training -in-home methods: -parent effectiveness training -behavior modification -assertiveness training -rational-emotive therapy -fair fighting -value classification -relaxation exercises -cognitive restructuring -hypnosis	families-in-crisis in which out of home placement is likely	-6 full-time, 3 part-time staff -207 families over 3 years -homebuilder therapists - on call 24-hours a day -families seen for 4-6 weeks -Therapists - no more than 2 intakes per month -no more than 3 families at a time	-96% of families survive the crisis intact -86% still together 1 year later without further project support -placement was necessary in 13% of families served -homebuilder's service alone costs $1,438 per family
Maybanks & Bryce, 1979 (Theodore Levine and Elizabeth McDaid) 11	Family-Based In-Home Services -in-home service to prevent child placement -assistance & teach household and child caring tasks -assist family to access outside resources -provide necessary material goods -role modeling -parent relief -counselling-motivation	-families neglectful of their children in which placement is imminent -long history of physical or mental abuse -few parenting skills -few social ties -high environmental stress -motivated clients	auspices: Youth Services Inc., Voluntary Child Care Agency -clients must 1) want help 2) set goals 3) family head or parent unemployed during days -services contactual -staff for 8 families: 1 social worker 4 family case workers -social worker trains and supervises family case workers -1 family worker serves 2 families 2 days per week each (can extend beyond 1 year) -54 families served since Oct./74	-5 out of 8 families had children returned home -32 families: -10 had children placed -6 inquired but required support to continue -16 families stablized requiring only crisis intervention -cost of placement: $15,000 per child -cost of yearly - 5 days/week service to family $9,360 plus $11,000 concrete services for total caseload

SOURCE OF INFORMATION	PROGRAM DESCRIPTION/ INTERVENTIONS	CLIENTELE	PROGRAM CHARACTERISTICS/ REQUIREMENTS	PROGRAM OUTCOMES/IMPACTS
Maybanks & Bryce, 1979 (Michael Ryan) 12	Intensive In-Home Service to Families -in-home service as an alternative to placement -family-focussed therapy -parenting techniques -modeling -Adlerian Step program	family-at-risk of child placement	-Team: director, treatment coordinator, 2 therapists per family -worker roles: educator, experts, referees, friends	
Maybanks & Bryce, 1979 (Douglas Stephens) 13	In-Home Family Support Services -in-home services as an alternative to placement -attempts to create a social network of people to support the family -crisis-oriented counselling -restructuring of community relationships - change chronic patterns of dysfunctional interaction -structural family therapy	high-risk multi-problem families that have received many services but remain dysfunctional	auspices: Iowa Children & Family Services, demonstration project staff: family workers (B.S.W./ B.A./Psych.) -4 to 5 families per worker -worker roles: teacher, advocate, counsellor, service coordinator -parenting problems: juvenile delinquency, truancy, alcoholism, incest, marital strife, physical abuse & neglect, poverty, unemployment -weekly average 6 hrs. per family -2 weeks observation & assessment (20 hrs.) -monthly goal sheets - 2 or 3 specific behaviors scored on 5-pt. scale -6 month follow-up	-June, 1977-Dec., 1977 served 26 families of which 6 terminated before 3 months -of 89 children served during 6-mo. period, 6 were placed -cost of potential placements $322,000 per yr. (9 foster care, 8 group care, 9 residential care) -cost of in-home interventions for 12 families per year $48,000($4,000 per family)
Maybanks & Bryce, 1979 (Ann Tuszynski & James Dowd) 14	Home-Based Services to Protective Services Families -in-home service to prevent removal of child -transportation -role modeling	parents & children in families-at-risk children 6 weeks to 5 yrs. & parents	auspices: partnership between Division of Youth & Family Services and Family Service Assoc. -budget $165,000/year -serves 30 families with 35 children	-observed personal growth in parents and children -overt child maltreatment ceases while in program
	-teaching alternative methods of relating, parenting -group therapy -socialization therapy --basic education -home management training -couples and family therapy -full-time therapeutic day care center (parents participate) -accompany parents to pediatrician, speech therapist, neurologist -play therapy		-children seen 5 days per week for 6 hrs. (30 hrs.) -parents (12 hrs. per week) -staff-client ratio: 1 adult to 4 children in classroom, three age distinguished classrooms -transportation to and from agency -staff: director, assistant director, social worker, psychiatric nurse, early childhood educator, teacher aides, cook, bus driver, secretary	-only 27 children in 8 families had to be placed -children progressed in social & cognitive skills -majority of parents showed "intermittant evidence of growth potential & positive feelings for their children -continue to need help in every area of lives -continue to need supportive help in parenting -Conclusion: such families can be supported & remain intact but independence and self sufficiency are unrealistic -$10,000 on average to serve a family for one year
Jones, Magura & Shyne, 1981 (Spassner & Penner) 15 Magura, 1981	Bowen Center Project for Abused & Neglected Children -case work -financial aid -health care -day care -educational therapy -shelter care for whole family	-families "not making it" in traditional agencies -serious & pervasive family dysfunction or child neglect -extreme pathology -little hope for change	auspices: Juvenile Protection Assoc., Chicago -35 families served in 5 years -service lasted 1½ to 3 years	
Jones, Magura & Shyne, 1981 (Deborah Shapiro) 16	Length of Service - Client Improvement -casework	-suspicion of child abuse & neglect -single parent (female) poverty level -½ of families had a child in placement	-171 families studied in 6 protective service departments	-length of service is directly related to case improvement -less than ½ of cases open < 1 yr. improved -70% some improvement for cases > 1 yr < 2 yr -80% improvement for case 2 yrs. *

SOURCE OF INFORMATION	PROGRAM DESCRIPTION/ INTERVENTIONS	CLIENTELE	PROGRAM CHARACTERISTICS/ REQUIREMENTS	PROGRAM OUTCOMES/IMPACTS
Jones, Newman & Shyne, 1976 17 Magura, 1981	New York State Preventive Services Project (evaluation of several preventative service projects) -intensive service - problem focus: parental functioning -casework -homemakers -daycare	-multi-problem families, usually single parent -only cases perceived as able to benefit with 6 months fam. intensive services -parents trying to place kids was primary factor for non-acceptance into program	-.39 male: 1,000 children in 3 agencies over 6 months -intensive service to an experimental group -maximum of 10 families per social worker (>½ usual caseload) -356 children initially at home randomly assigned to receive program intensive services + 169 to act as controls in regular agency programs	-25% less time in foster care -length of service - modest correlation with caseworker judgement about goal achievement -impact on intensive services on reducing foster care showed up more strongly 6 mths. after end of experimentation period -impact of service is enhanced by continuation beyond 6 to 8 months -8% of project children in foster care, 23% of regular services -Intensive service costs $1,200 per child vs $6,600 for foster care for each placement averted -good relationships between worker and client best predictor -higher (2x) costs
Sherman et al., 1973 18	Service to Children in Their Own Homes (study of 200 cases)	-neglectful or abusive situations -3/5 single parents -1/2 public assistance	-service: 13 (average) in-person interviews over 8½ months	-some improvement in children & mothers -caseworker considered objectives somewhat attained in 80% of cases -2/3 of clients found service at least somewhat helpful -amount of service was most strongly associated with the attainment of service objectives (longer, greater the frequency of contacts)
Callard & Morin, 1979 Magura, 1981 19	Parents and Children Together (PACT) - to prevent placement or to facilitate returning home - supportive counselling - modeling/demonstration - re-education - parent workshop - community resources - surrogate parents - practical services: moving, home repairs	- 85% single-parent (female) - 65% public assistance - 20% completed high school - less severe cases	- auspices: purchased from Human Development Division, Wayne State University by Wayne County Dept. of Social Services - Staff: faculty & students - student intern counsellors under supervision - maximum caseload of 12 families - 214 children served June 1977 to Sept. 1978	- parents perceived as better able to relate to and manage their children, to provide a wholesome environment, to manage their own resources - most of the changes occurred in the first two months & needed longer time to consolidate - some families may never be able to cope without agency support - of 60 families with cases terminated (23%) 14 had some or all children placed and (17%) 10 had recommendation for placement - 8% of total children served were placed

SOURCE OF INFORMATION	PROGRAM DESCRIPTION/ INTERVENTIONS	CLIENTELE	PROGRAM CHARACTERISTICS/ REQUIREMENTS	PROGRAM OUTCOMES/IMPACTS
Ayouls & Jacewitz, 1980 20	Prevention of Poor Parenting - ambulatory pediatric clinic - perinatal screening - initial screening at birth - crisis theory	- abusive history - neglectful - antisocial - emotionally unstable - culturally/ intellectually limited - transient situational crisis	- primary professional co-ordinates each family - 60 families studied (no control)	- some benefit to culturally, intellectually deprived and transient situational crises
Gray, Cutler, Dean and Kempe, 1979 21	Prediction and Prevention of Child Abuse and Neglect - care by one pediatrician in hospital, at clinic before child is 2 weeks old, bi-monthly visits to pediatrician, telephone contacts - weekly home visits by public health nurses - health care co-ordination by volunteers	- first time mothers - 50 - high-risk intervene - 50 high-risk non-intervene - 50 - low-risk control group	- 150 mothers sample from 350 women who had first child at Colorado General Hospital, November 1971-March 1973	- 5 children in high risk nonintervene required hospitalization for serious injury - 0 for other 2 groups - perinatal assessment & simple intervention significantly improves the infants' chances for escaping serious physical injury
Children's Services Newsletter, 6:2 22	NE-CHEE Friendship Center - helping resources & drop-in - cultural programs - court work - legal counselling - court translation - prevention of violence - native inmate liaison with family & community - community foot patrol to escort intoxicated natives	- native individuals & families	- $500,000/yr. - 16 staff	- have reduced intoxication-related deaths
Children's Services Newsletter 6:2 23	Grassy Narrows Crisis Intervention - reduce substance abuse - crisis team patrols reserve - crisis house - searches for young prowlers and keeps in contact with chronic trouble makers - probation aftercare services	- native & substance abusers & families	- 3 workers per night - community committees formed to administer project and to start projects - $3,500 per month cost	- gang members co-opted into joining crisis team - 57% decline in violent deaths - 65% reduction in attempted suicide - 88% drop in delinquency
Turner, 1982 24	Risk and Prevention for Maladaptive Parenting - volunteer 'friendly' visitors	- women who had recently given birth	- sample: 312 volunteers	- noticeable impact on families 12 months later
Kadushin, 1982 (Gladston, 1975) 25	Therapeutic Day-Care & Parents Group	- families-at-risk	- 46 families & 73 children in sample - highly motivated selection of abusing parents	- over 7+ months only 2 known instances of reoccurring abuse
Kadushin, 1980 (Fitch, 1977) 26	Treatment of Abusing Parents (Denver Hospital) - medical & child counselling service - marital, educational & financial counselling - family planning services - individual psychotherapy - anticipatory guidance - role modeling - assertiveness training - socialization group programs - foster care	- abusing parents	- study method: matched control group and two experimental groups (limited treatment, extensive treatment) - 3 pediatricians assigned to family on a 24 hr. on-call basis	- 30 month testing period - child development scores of treatment & nontreated group were the same - 8.7% of the untreated group reabused - 2.7% of the treated group reabused

SOURCE OF INFORMATION	PROGRAM DESCRIPTION/ INTERVENTIONS	CLIENTELE	PROGRAM CHARACTERISTICS/ REQUIREMENTS	PROGRAM OUTCOMES/IMPACTS
Kadushin, 1980 (Tracy, Ballard & Clark, 1975) 27	Behavior Modification Approaches to Child Management Procedures - ten different services (average)	- disorganized families	- staffing: 25 "family health workers" - ten different services delivered (average) to a total of 35 disorganized families with 135 children	- all mothers, except those with psychotic conditions made considerable progress - more security, self-esteem, and less symptoms of neglect - still "shaky", on independent functioning
Ruger, J. & Wooton, R. "A developmental approach to helping families at risk", Social Casework 63(1):1982 28	Family Life Education Program: Permanency Planning Unit - preliminary screening - small parent focussed groups - substance abuse information - parenting skill training - advocacy	- families-at-risk	- Family Service Association - every 6 months, 40 families from Children's Service Division of Welfare Dept. are chosen for program	- coordination of counselling, education & advocacy are important - helping relationship has no termination point - availability in crisis is essential - counselling (hearing pain) is required before teaching can be effective - F.L.E. can be used to reach the family at risk - need coordination with external resources provider - need administrative support
Sefcik & Ormsby, March 1978 29	Rural Child Abuse/Neglect Treatment Program - multidisciplinary hospital child protection team - parent aide volunteers: supportive nonjudgemental friend - parent effectiveness training - community education program	- families of county welfare Department	- 42 parent aides working with 78 families - periodic group meetings with volunteers - 14.6 hours of service a month (average) over 5.9 months (average)	- reported positive community impact - reported positive impact on child abuse
Wichlacz, et al. "Indian child welfare: A community team approach to protective services:, Child Abuse and Neglect, 2: 1978 30	Community Approach to Service Coordination on an Indian Reserve - emergency receiving home - reservation community child protection team - implement a trading and following system	- native families -at-risk	- multidisciplinary team	- maltreatment decreased by 50% - need for emergency foster care reduced by 42% - increased quality & quantity of service to families
Beatrice Baker et al., "Parent aides as a preventive intervention strategy", Children & Youth Services Review, 3:1981 31	Parent Aides - role models - teaching, child management classes - Parents Anonymous encouraged - 24 hr. service - regular agency services	- parents of children-at-risk	- Oswego C.M.H.C. - 5 parent aides employed - characteristic of aides & parents are matched - team meetings including coordination, parent aide, client & professional staff - aides trained in first aid, child development, listening skills, dynamics of child abuse and neglect - 2-4 hrs. per week with each family - on-call 24 hrs.	- aides report a reduction of incidents of child abuse and neglect in 96% of families served

SOURCE OF INFORMATION	PROGRAM DESCRIPTION/ INTERVENTIONS	CLIENTELE	PROGRAM CHARACTERISTICS/ REQUIREMENTS	PROGRAM OUTCOMES/IMPACTS
Magura, 1981 32	Hudson County Preventive Services Project - group work (educational, recreational, therapeutic) - family therapy - special expenditure funds - legal advocacy for clients - community resource identification	- families with abused, neglected and/or emotionally disturbed children - 30% of referred families not eligible for program - high risk preferred but some average-risk accepted	- 3 yr. demonstration project - low caseloads (11) - team approach to casework - 3-4 MSW caseworkers - 2 control groups in project evaluation (known, blind)	- evaluation on the first 23 families served & first 23+27 families in control groups - 17% of project had at least one child placed, 13% known & 11% blind controls (differences not statistically significant) - highest placement rate occurred among children ineligible for the project - project cases did better than controls on a wide variety of goals attainment measures - 17% had child placed with relatives during first year; 16% of known controls - goal achievement was highest for placement with relative, next for no placement & lowest for regular placements in other settings - cost-effectiveness remains to be demonstrated
Barozzi, R. Park, D. and Watson, E. "A family agency integrates advocacy, counseling and FLE", Social Casework 63(4):1982 33	Advocacy, Counselling and FLE - class advocacy workshop (local needs and interests) - support groups - counselling - family life education program	- multi-ethnic families with health & economic problems in rural Oahu, Hawaii	- 1 staff person integrated advocacy and counselling (1968) - 1 staff person to implement FLE (1978)	
Arch, Shirley "Older adults as homevisitors modeling parenting for troubled families", Child Welfare, 57:1978 34	Older Homevisitors as Parent Models - regular home visits by older adults who model appropriate parenting behaviour, act as "surrogate parents" to parents, provide stimulation for child, spend extra time in crisis situation - weekly group for mothers - play group for children	- families with developmentally delayed children, families who are emotionally dysfunctional, or lack parenting skills - referred by child welfare or other agency	- home visitors were lower income, older adults (64 yrs. on average) - 10 days orientation - 1 home visitor works with 4 families per week (4 days) - program co-ordinators match visitors and families, conduct group meetings with home visitors	- children have an advocate - parents have non-critical support - older adults have a sense of being needed
Wayne, Julianne "A group work model to reach isolated mothers", Social Work with Groups, 2(1):1979 35	Group Work Child Abuse Prevention Program for High-Risk Mothers - worker-guided discussion of child-rearing issues in in-home group meetings - transportation - volunteer babysitting service	- low-income unmarried mothers, young pregnant women	- visiting nurses at a Boston housing project identified potential group members, recruited group members and provided an introduction for the social worker - 6 group members	- increased use of health-care facilities by group members - improved attitude toward children and increased range of parenting approaches which were tried

SOURCE OF INFORMATION	PROGRAM DESCRIPTION/ INTERVENTIONS	CLIENTELE	PROGRAM CHARACTERISTICS/ REQUIREMENTS	PROGRAM OUTCOMES/IMPACTS
Wanderman, Lois Abraham Wandersman, "Social Support in the Transition to Parenthood" 36	Post Partum Social Support to Parents - research to explore the relationship of various kinds of social support to parent's adjustment to parenthood (a) group support - parenting group (b) instrumental support - spouses participate in household tasks (c) marital support - positive marital relations (d) network support: availability of network members	- fathers & mothers first time parents	- 23 wives and 18 husbands in parenting groups and 24 wives and 24 husbands in control group	- social support is a multi-dimensional concept & the various types of support are not necessarily there at the same time - fathers reacted to parenting group & emotional, marital interaction, wives to emotional, marital & network support - parenting group had no major role in post-marital adjustment
Ontario Association of C.A.S., May, 1974 (Hockford & Heron) Inventory, 1981-82 37	Abuse Curriculum Porject in Simcoe County - in-school human relations curriculum - teaching package (self worth) - communication of feelings, importance of family, family life stresses, stress coping skills, causes & problems of child abuse, sources of help	- Grade 6 level students	- auspices: Simcoe County School Board and Simcoe County Child Abuse Committee	- students who received program seemed to profit because it provided an opportunity for class discussion
Ontario Association of C.A.S., May 1979 38	Friendly Visitor Program - volunteer visitors	- abusive mothers	- auspices: Metro C.A.S. - volunteers are screened, trained and supervised in their intervention techniques - 12 volunteers working with 15 cases, 3 volunteers in reserve	- program had been running two years as of May, 1979 - positive trusting relationship developed - parenting is perceived as having improved dramatically - increased ability of mothers to reach-out for help - planned of program

SOURCE OF INFORMATION	PROGRAM DESCRIPTION/ INTERVENTIONS	CLIENTELE	PROGRAM CHARACTERISTICS/ REQUIREMENTS	PROGRAM OUTCOMES/IMPACTS
OACAS Journal, Oct. 1979 (Catherine Patterson) 39	Support Staff to help Abusing Families - to develop an abuse free environment - individual, marital and family counselling -lay therapists -befriend -reparent abusive parent -role model -teach homemaker skills	- families-at-risk	- demonstration project (May '77-Apr. '78) - auspices: Family & Children's Services of Waterloo - professional team: 3 MSW's, 1 nurse therapist, supervisor - support staff: 2 typists, the befriender, the homemaker model - lay therapists trained to provide emotional & physical relief	- lay therapist can carry out both befriending and homemaker model functions - overall reduction in violence in families - no repeated serious abuse after intervention
Santa-Barbara, January '82 40	Ontario Family Support Worker Program - (evaluation report) - emotional support to parents - counselling - coordination of services - practical service - some advocacy, group and program formation	- primarily families with mentally retarded members	- 7 of 30 programs evaluated, 93 cases	- if affiliated with large agency workers provide direct service to their clients - if autonomous, workers tend to find and coordinate external services - time spent in crisis management & placement not program development - client satisfaction high with front-line worker - program demonstrates active presence and positive impact - little coordination of generic services to mentally retarded group
Publicity Brochure 41	Parent-Child Day Program - group discussion & activities - creative play - transportation to and from program	- isolated and distressed parents who need help with preschoolers	- auspices: London-Middlesex CAS - since 1980, 1-2 meetings per week (2 hr. sessions) - 16 adults & 16 children in each group session - 2 paid staff and many volunteers	
Publicity Brochure 42	Alternate Care - Teens - keep teens out of care - short term intensive treatment - teen individual counselling - teen group discussion - parents family therapy	- 11-16 yr. olds referred by parents with teen - most want teen to be taken into care	- auspices: Wellington CAS Family Contracts: - 10 wks. 4-9 pm., 2 days for teens in groups disc. - 10 who 1 eve/wk for parents in family therapy - family therapy once/wk. Staff: - 1 child care worker - 1 social worker volunteers teach life skills and program activities with teens	- reduced time in care
Publicity Brochure 43	Homemaking Program - emergency parenting - teaching homemaking - substitute homemaking support		- London/Middlesex CAS	

SOURCE OF INFORMATION	PROGRAM DESCRIPTION/ INTERVENTIONS	CLIENTELE	PROGRAM CHARACTERISTICS/ REQUIREMENTS	PROGRAM OUTCOMES/IMPACTS
Publicity Brochure Inventory... 1981-82 44	Parenting for Teens and Children - prevent teens from being taken into care by increasing communication skills - group meetings for parents - group meetings for teens	- teens in or out of care	- auspices: Sudbury CAS - demonstration project - tri-weekly for teens and weekly sessions for parents (group work; films) - over 8 weeks (contract to work towards mutual goals - teen & parent, including foster parents] Staff: - coordinator, group leader, program supervisor, alternate care committee (advisory)	- students satisfied with the course - students with low motivation did not enrol - program had a significant effect on the students in comparison with control group
Publicity Brochure 45	Home Care Program - improve parenting skills - develop informal family supports - monitor high-risk situations - mothers groups - volunteer home visitors - crisis/emergency volunteers - family system groups - infant enrichment babysitting - transportation	- multi-problem CAS clients with small children, isolated and "generational" cases	- auspices: Oxford CAS - operating since 1978 - weekly group sessions of 6-8 mothers - home visits by volunteers - home staff or volunteer "move in" - 24 hr. live in Staff: - 1 coordinator, 1/2 volunteer coordinator, 10 volunteers provide transportation (essential) and babysitting - service provided 2 days a week to 6 clients over 10 weeks, service provided in client's home one-to-one	- requires motivated client - improves parenting skills - effective high risk monitoring - useful for new program needs identification
Publicity Brochure 46	Parent Support Program - pre-school interaction of parents & in-care children - in-home child & home management for parents with children returning home - infant - toddler consulting service of infant-stimulation program - also formal STEP and CAPT groups	- clients & referrals	-auspices: Essex CCAS - since 1971, year round - sessions 4 days a week (pre-school) - since 1979 (in home) - beginning (infant-toddler)	
Publicity Brochure 47	Child Management Program - enrich parenting skills - in-home direction - counselling - liaison with community resources	- clients with no skills but motivation, or whose child is in danger	- auspices: Ottawa-Carleton CAS	

SOURCE OF INFORMATION	PROGRAM DESCRIPTION/ INTERVENTIONS	CLIENTELE	PROGRAM CHARACTERISTICS/ REQUIREMENTS	PROGRAM OUTCOMES/IMPACTS
Publicity Brochure 48	Program Advancement Social Skills (P.A.S.S.) - crafts - games - discussion	- 7-12 year olds referred by parents and agencies	- auspices: Brant CAS - counsellor & 5-6 children - conference with referral service often 4 weeks and subsequently each month	
Publicity Brochure 49	Parent Aid Resource - alternative to placement - parent self-management - home management - child care & development	- clients, referred by family caseworker	- auspices: Ottawa-Carleton CAS	- in 1981, 51 families with 105 children received PAR service at a cost of $74,000 - useful for "intensive supervision" ordered by court - can't be managed as part of a regular caseload
OACAS Journal 26(8): 1981 50	Mobile Teaching Homemaker Program - basic life skills - groups	- isolated, illiterate, unemployed, poor families - voluntary clients, long-term CAS clients - young parents with small children	- auspices: Norfolk CAS - operating 10 years	- popular program, good attendance - spin-off: parenting group of selected clients - perceived as useful in rural area to reduce travel time of casework approach
Children's Services Newsletter, 6:1 51	Young Mothers Support Group - prepare single mothers for parenting - prenatal support & instruction	- pregnant young women	- auspices: CCAS North York/Dept. Public Health/York-Finch Hospital - staff: director, public health nurse, parenting instructor - 26 women per 26 week period - one year home-visit follow-up	- requested classes on "advanced parenting" - will begin home-instruction program in home management - many referrals - "positive feedback"
Inventory of Ministry Research & Program Evaluation Projects in 1981-82 52	Parent Aides & Crisis Day Care	- abusing families	- auspices: Frontenac CAS - demonstration project	- results not considered reliable
Inventory ... 1981-82 53	Renfrew County Parent Aid Project	- families-at-risk	- child & crisis committee of Renfrew County - demonstration project	
Inventory... 1981-82 54	Parent Resources Project - family drop-in center & outreach for high-risk parents	- high risk parents		

SOURCE OF INFORMATION	PROGRAM DESCRIPTION/ INTERVENTIONS	CLIENTELE	PROGRAM CHARACTERISTICS/ REQUIREMENTS	PROGRAM OUTCOMES/IMPACTS
Inventory... 1981-82 55	Community Child Abuse Project - interdisciplinary child abuse team in community	- child abusing clients of CAS & CCAS	- auspices: Hamilton-Wentworth Regional Council on Child Abuse	- inter-agency co-operation unlikely to develop under constraints of Child Welfare Act & CAS need for control
Inventory... 1981-82 56	Waterloo Child Abuse Project: Supportive Home Helper - lay therapists provide treatment	- child abusing & high risk mothers	- Wilfrid Laurier University/ Waterloo Family & Children's Service - demonstration project	- lay therapy seems to be slightly more effective than standard approach - lay therapy more expensive because of extra supervision during test - in long run should not be the case
Inventory... 1981-82 57	Larder Lake Prevention Project - center for adolescents - high use of volunteers	- children-at-risk of coming into care of CAS & PACO	- Conferation Episcopal Catholique Romaine, Diocese Timmins	- good level of service provided - good use by teenagers - good community participation
Inventory ... 1981-82 58	La Source (Hearst) - drop-in for teenagers - parent effectiveness training	- adolescents & their families	- demonstration project - auspices: Kapuskasing Child & Youth Center	
Inventory... 1981-82 59	Northern Priorities Prevention - volunteer groups - parent effectiveness training - infant stimulation	- high risk family situations	- demonstration project - auspices: Kapuskasing Child & Youth Development Center	
Hormick *et al.*, September, 1982 60	Alternate Care - Etobicoke - recreational groups - counselling for family - youth discussion groups - family life rights - school service - crisis service - outreach service	- youths 9-16 aggressive, non-compliant	- auspices: Metro Toronto CAS - 48 clients	- improved worker perception of probability of avoiding placement - improved perceived child behaviour - improved family reference
" 61	Alternate Care - Scarborough - individual counselling - family counselling - problem-solving & skill development groups - recreational groups - crisis service	- youths 13-16 defiant & disagreeable, aggressive	- auspices: Metro Toronto CAS - 39 cases	- improved perceived child behaviour
" 62	Mobely Alternate Care - crafts and ceramics groups - recreational groups - life skills groups - individual counselling - outreach service - crisis service - school service	- children 7-16 defiant, & non-compliant, aggressive	- auspices: Metro Toronto CAS - 57 cases	- improved perceived chance of avoiding placement
" 63	The Family Center - individual counselling - discussion groups - sibling counselling - outreach service - school service - crisis service	- youths 8-16 defiance, non-compliance, depression, aggression	- auspices: Metro Toronto CAS	- improved perceived chance of avoiding placement - improved perceived child behaviour

SOURCE OF INFORMATION	PROGRAM DESCRIPTION/ INTERVENTIONS	CLIENTELE	PROGRAM CHARACTERISTICS/ REQUIREMENTS	PROGRAM OUTCOMES/IMPACTS
Hornick et al., September 1982 64	Home Care - Etobicoke - attempt to improve parenting skills - counselling - teaching parenting skills	- children 2-14 (normal but at risk)	- auspices: Metro Toronto CAS - 23 children	- improved perceived chance of avoiding placement - improved perceived child behaviour
" 65	Community Child Care - Scarborough - counselling - teaching parenting skills	- children 2-15 (normal but at risk)	- auspices: Metro Toronto CAS - 30 children	- improved perceived chance of avoiding placement - improved perceived child behaviour - improved family performance perceived
" 66	Family Caring & Sharing - task groups - life and parenting skills training - recreational and craft groups - counselling	- children 1-6 (normal but at risk)	- auspices: Metro Toronto CAS - 25 children - heavy use of volunteers	- volunteer program did as well as the majority of other programs
unpublished Evaluation Report 67	Supportive Home Help - regular agency counselling & supports - home helps to assist with "facilitating competence"	- families-at-risk	- auspices: demonstration Project - Waterloo Family & Children's Services	- test more expensive but projected to be cost-effective: if operated under normal conditions - no impact 'overall' on clients from control group
Anna M. Welbourn "Interagency Intervention: An Innovative Therapeutic Program for Abuse Prone Mothers" Child Abuse and Neglect, 4:1980 68	Therapeutic Group Program - inter-agency cooperation - women's group - children's group - transportation - therapy/craft/recreation groups	- abuse prone mothers	- 8 clients - Metro Toronto CAS/Thistletown Regional Center for Children - weekly meetings (4 1/2 hrs)	- results were not statistically significant - women increased interactions with new friends
Children's Services Newsletter, 6(4):1982 69	Extension of Services on a Reserve - establish emergency and foster care home - adoptions handled on the reserve - more family support and recreational programs - organize counselling resources	- native community -Curve Lake	- 1 co-ordinator - co-operation of Chief and Band Administrator - culturally appropriate services already in place - day care centre, school programming up to grade two, welfare administrator, public health nurses, police services	- better understanding between CAS and band members

ADDENDUM 4.3 - INFORMAL SUPPORT PROGRAMS

SOURCE OF INFORMATION	PROGRAM DESCRIPTION/ INTERVENTIONS	CLIENTELE	PROGRAM CHARACTERISTICS/ REQUIREMENTS	PROGRAM OUTCOMES/IMPACTS
Collins & Pancoast, 1976 (Frances Feldman, 1971) 70	Alaskan Welfare Aides - use human service aides to bridge cultural & understanding gaps - practical immediate help (traditional approach)	- public welfare recipients	- aides given 5 month academic & 4 months of on-job training - natives employed	- aides continued to function in customary roles in natural network - useful in adapting needs & resources to cultural standards
Collins & Pancoast, 1976 (Richard Taber, 1970) 71	Ghetto Project - intervention in adolescent gang & in families on a street in multiple-problem area - parent's group to improve child rearing practices - gang-club meetings at clinic - club activities (traditional approach)	- adolescents -multi-problem families in problem area	- indigenous workers used to introduce profession of workers & to help form and maintain the group	- adolescent gang become a socially acceptable club - methods could have negatively affected networks with a strong central figure or networks with a positive effect
Collins & Pancoast, 1976 (James Kent, 1973) 72	Mexican-American Health Center - involvement of natural leaders & respected natural networks (traditional approach)	- community	- community development approach to building the health centre	- health centre established & well-rooted in community - a number of new cooperatives were organized
Collins & Pancoast, 1976 (Phyllis Silverman, 1969) 73	Widow-to-Widow Program - aides contact new widows - friendly visiting - building support networks (artifical network)	- new widows, especially young widows	- widows work as aides	- research indicates that "widows felt that their best help came from other widows" - successful in reflecting 'natural' supports for young widows
Collins & Pancoast, 1976 (Don Robinson, 1971) 74	Nurses as Crisis Counsellors - crisis support - suicide prevention - friendly visiting offers support & encouragement (artificial network)	- emotionally disturbed people	- 35 nurses took on an informal counselling role in addition to their professional one (voluntary) - nurses chosen because already central figures in rural community health delivery - trained in fundamentals of psychiatry to recognize suicide symptoms	- low cost - nine of the 35 nurses dropped out of program - 1000 + helped with emergencies - estimated helped prevent 70 suicides
Collins & Pancoast, 1976 (Irene Ellis, 1972) 75	Young and Old Together - after-school recreational activity - snacks - games & crafts (artificial network)	- latchkey children - low-income elderly	- 55+ seniors staff program at minimum wage - 6:1 child to older person ratio - small informal centres	- 33% reported making friends with other elderly - children continue to return - 75% of original elderly still employed - 100% reported added interest to life - 50% elderly reported love of children

SOURCE OF INFORMATION	PROGRAM DESCRIPTION/ INTERVENTIONS	CLIENTELE	PROGRAM CHARACTERISTICS/ REQUIREMENTS	PROGRAM OUTCOMES/IMPACTS
Collins & Pancoast, 1976 (Hamburg & Varenhorst, 1972) 76	Peer Counseling in School - assistance in problem solving - teach social skills - information about jobs, resources & opportunities - role models - friendly relationships (artificial network)	- students: grades 7-12 (ages 12-18)	- student counselors trained by skilled professionals	- service accepted by other students - high cost due to training & support by professionals
Collins & Pancoast, 1976 (Patterson & Twente, 1972) 77	Extending Indigenous Service - enhance & nurture indigenous helping efforts - research into how natural helpers, community professionals deal with problems - mutuality in natural helper-helpee relationship (acceptance, willingness to receive as well as give help, commonality of experience, equality of status)	- community residents - emotional problems, physical illness, marital difficulties	- mental health project, Kansas	- neighbors, friends & local counselors (ministers, lawyers, educators, etc.) give help that cannot be duplicated by professional mental health counselors - natural helping is characterized by mutuality - natural helpers dealt with as many problems as paid counselors
Collins & Pancoast, 1976 (Don Robinson, 1972) 78	Gatekeeper Project - crisis intervention - marital counselling - gatekeeper training seminars - gatekeeper service organization special referral linkages		- gatekeepers; men & women of most ages, races, religions & occupations (beauticians, barbers, bartenders, teachers, corner druggists, grocers, delicatessen proprietors, doctors, policemen, school guards, priests & nuns) - 200 trained in crisis intervention and marital counselling	- successful case examples - only 15% lower class turn to clergy & physicians, 29% upper class
Collins & Pancoast, 1976 (Carolyn Attneave, 1969) 79	Network-Clan on a Reservation - cooperation between professional therapists & tribal clan network	- previously rejected children & their families	- worker is integrated into the network-clan, reflects their race & culture, benefits from their ability to solve problems & mobilize network resources	- positive contribution to reintegration of child into the family
Collins & Pancoast, 1976 (Eunice Watson, 1972) 80	Day Care Neighbour Service - increase & improve preventive & protective service - identify high-need neighbourhoods - recruit daycare neighbours from these areas - daycare neighbours provide transportation, advice, information about community resources	- high need neighbours	- supports & consultation provided to daycare neighbours	- even in a transient trailer court, natural helpers can be found - natural helpers can work in a collegial relationship with professionals
Frank W. Clark et al., March 29, 1982 81	Training Child Protection Professionals to Use Informal Helping Systems - self-instruction manual - self-instruction and field supervisor	- child protection clients		- 11 began self-instruction and 7 completed - 10 began self-instruction with field supervisor & 5 completed - after 4 months, there was no difference between use of informal networks between trainees & control group - agency support is required for worker-behaviour change

SOURCE OF INFORMATION	PROGRAM DESCRIPTION/ INTERVENTIONS	CLIENTELE	PROGRAM CHARACTERISTICS/ REQUIREMENTS	PROGRAM OUTCOMES/IMPACTS
Walter N. Leutz "The Informal Community Caregiver..." American Journal of Orthopsychiatry, 46(4): 1976 82	Informal Community Caregiver - identify community caregivers - document care they gave - if giving them information would lead to greater use of such information	- area residents - problems related to drug & alcohol abuse	- summer 1975 (2 month study) - study/project division of Community Mental Health of New York Medical College, East Harlem, Manhatten - 29 informal caregivers participated in the project (7 clergy, 6 social club owners, 4 spiritualists, 12 merchants) - 61 visits by help-seekers over two months	- caregivers can be important link between residents and outside world - caregivers(with the help of knowledgeable indigenous staff) can identify, approach, and establish working relationship with informal caregivers
Breton, Margot "Nurturing abused and abusive mothers: The hairdressing group" Social Work with Groups, 2(2):1979 83	Group Program for Abusive Mothers - initially a weekly group program to meet nurturative needs and to increase self-esteem (food, shelter, hair done) - focus gradually changed to child development issues, problem-solving, techniques - after six months mutual aid was the group's function	Mothers who were emotionally, financially or socially deprived and had children who had been physically abused	- auspices: Metro Toronto CAS (North York) - 7 mothers	- the women visited one another at home and encouraged each other to join in community activities
Conklin, C. "Rural Community Care-Givers" Social Work, 25(6):1980 84	Rural Community Care-Givers - identify community care-givers - care-givers inform local social service agencies of persons in need - care-givers work with social workers, home economists, public health nurses to overcome suspicions of rural poor	- public welfare clients in rural Mississippi	- rural community care givers are recognized by their involvement and visibility in community affairs, or by their occupation, e.g., town grocer - member of community board of supervisors	- community caregivers can facilitate service delivery by identifying persons-in-need and by helping to overcome mistrust of outside professionals
D'Augelli and Erlich, "Evaluation of Community Based Training for Natural Helpers: Effects on Informal Helping Activities", American Journal of Community Psychology, 10(4): 1982 85	Community Helpers Project - enhance natural helping skills - evaluate the effects on informal helping activities of community-based training for natural helpers	- natural helpers in rural communities in central Pennsylvania	- 37 self-selected natural helpers - 8-week informal workshop ("Helping Skills: A Basic Training Program" - Daniels D'Augelli and Hauser (1980))	- pre-post assessment of helping activities (weekly Helping Activity Record) revealed that: - friends & relatives were helped most frequently - 1/2 of helping interaction took place at helper's home, 1/2 at work - in 1 week period 37 helpers reported helping over 150 different people (25 minutes on average) - helping behaviours -just listening -tried to understand feelings
Kelly, V.R. et al., "Training Helpers in Rural Mental Health Delivery" Social Work, 22(3): 1977 86	Natural Helpers - classified as professional helpgivers, other professionals, "invisible" helpers - Empathy Training (Carkhuff) and discussion of practical applications - Program Effectiveness Evaluated	- natural helpers in rural counties in Iowa	- auspices: mid-Eastern Iowa Community Mental Health Center - 20 natural helpers	- Evaluation of Program effectiveness based on pre-post test Personal Orientation Inventory, communication and discrimination skills, and "patient" ratings - 6 trainees achieved scores that made them comparable to professional counsellors

Appendix

List of Journals Researched

Community Development Society Journal
Child and Youth Services
Child and Family Welfare
Child Care Quarterly
Child Development
Community Mental Health Journal
Community Mental Health Review
Social Work with Groups
Social Work in Appalachia
Child Care
Journal of Child Welfare League of America
Child Welfare
Child Abuse and Neglect
Social Worker
Social Work
The American Journal of Community Psychology
Social Work Today
Social Casework
Social Services
Journal of the Ontario Association of Children's Aid Societies
International Journal of Child Welfare
Social Work Research and Abstracts
American Journal of Orthopsychiatry
Canadian Welfare
Services Social
American Journal of Psychiatry